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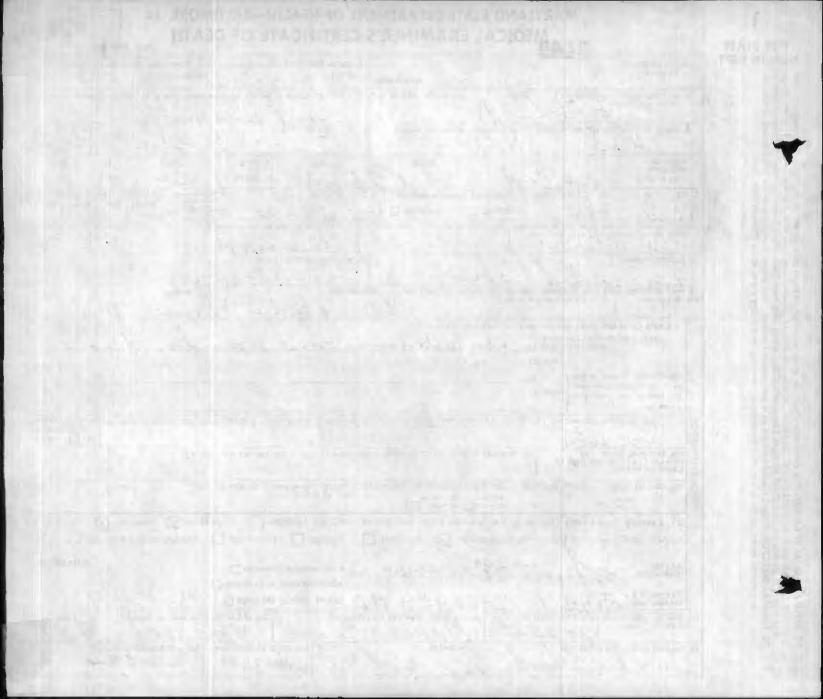
#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03400

3469			Reg. Dist, Ne.			
		COUNTY PARCE GERGE MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  o. STATE Warner b. COUNTY ()			
)	b	CITY OR TOWN (If autible corporate limits, with BURAL (I.C. LENGTH OF STAY IN 16 and give no frest lown)	c. CITY O TOWN (If puside corporate limits, write RURAL and side nearest town)			
	d	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	5. STREET ADDRESS ON A FARMA? YES NO ST			
		NAME OF DECEASED Type or print) Collect Middle and	dison 1. DATE Month Day Year dison DEATH 3-17 1959.			
	5. 5	Male Cof WIDOWED & DIVORCED   B	Ct-15-18 75 83 yes. Months Days Hours Min.			
	10a. d	USUAL OCCUPATION (give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or foreign county)  12. CITIZEN OF WHAT COUNTRY  Wanyland  U-5			
		Isage Eddison	Jours Jelson			
	15.  Ym.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN Outputs of the security of the securit	mohe Castle: Lawrel, Mid.			
		PART I, DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  PRET I, DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)	e cardiovascular disease			
		Conditions, if ony, which (b)				
	7	(c), stoling the underlying DUE TO  couse lost. (c)  (c)	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19, WAS AUTOPSY			
0	CERTIFICATION	Serulty	PERFORMED? YES NO 5			
		PRIMARY   or CONTRIBUTING   CAUSE OF DEATH.	ter nature of injury in Part I or Part II of item 18.)			
	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE factor of work 19 of work 19	E OF INJURY (Home, form, i 20f. (City or town) (County) (State) (γ, street, office bldg., etc.)			
		21. I certify that I took charge of the remains described above opinion death resulted from: Natural causes [X]. Accident				
		ACTUAL SIGNATURE John J. Maloney	_M.D. CHIEF MEDICAL EXAMINER []			
1		EXAMINER: JOHN T. MAI-ONCY M.	ASSISTANT MEDICAL EXAMINER 3 -17-5-9			
		BUETAL (CREMATION, 22b. BATE THEREOF 22c. NAME OF CEMETERY OR C. REMOVAL (Specify) 3-20-59 QUEEN 3	Chapel MUIRKIRK Md			
	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE  OLITEMAR 2 0 '59  Outhur S. Hama			

TO DEPUTY IDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay in certificate should be execute the wificate, writing the word "pending" in pendi is them 18. Give Pages 1, 2, and 3 to the form director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2-with the State Board of Health, or its designated agent, print to burial, cremation, or removal, and in any event within 72 hours ofter death. VS. ATSME \$M 2/57



### 101

FOR STATE HEALTH DEPT.

s necessary, please of director. Page for your files. death. If any delay 2, and 3 to the fune TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1.

4 should provided to the Chief Medical Examiner's Office along with form PM3. P

TO FUNER, PARECTOR: Page 3 should be used as a burial-transis permit. File pages 1 or its designated agent, prior to burial, cremation, or removal, and in any event within

VS. A15ME 5M 2/57

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	Reg, Dist. No.							
1. PLACE OF DEATH o. COUNTY Prince George's MARY	2. USUAL RESIDENCE (Where deceosed lived If institution: Residence before admission) o STATE aryland b. COUNTY Prince George's							
b. CITY OR TOWN (If autitide corporate limits, write RURAL and give regrest fawn)	IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
Tokoma Park, Md 5 years	/7 Tokoma Park, Md.							
d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address	d. STREET ADDRESS e. IS RESIDENCE							
1113 Kingwood Drive	1113 Kingwood Drive YES NOK							
3. NAME OF DECEASED (Type or print) John Joseph Allegr	etto Lost 4. DATE Month Doy Year OF DEATH March 4, 19 59							
5. SEX 6. COLOR OR RACE 7. MARRIED 3 NEVER MARRIE	B. DATE OF BIRTH 9. AGE III years IF UNDER 14EAR IF UNDER 24 HRS.							
male white widowed Divorced	Jan 25, 1897 62 yrs. Months Days Hours Min.							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if relited) Shipping Clerk Bakery	INDUSTRY II. BIRTHPLACE (Stole or foreign country)  Delaware  12. CITIZEN OF WHAT COUNTRY  U. S. A.							
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
Michael Allegretto	Florence ?							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1/190. no. er or honorm)   1/190. no. ero wor or dolos of service)   579-10-268/	Rose M Allegretto Tokoma Park, Maryland.							
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying course lost. (c)	vascular renal disease							
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19, WAS AUTOPSY PERFORMED? YES NOTE:								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT  20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING TO DESCRIBE HOW INJURY OCCUR  CAUSE OF DEATH.  20g. TIME OF INJURY Month, Day, Year 20g. INJURY OCCURRED 2  Hour o, m.  P. m. 19 of work o	20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.)  CAUSE OF DEATH.							
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, factory, street, affice bldg., etc.)  While Not while of work of w								
21. I certify that I taok charge of the remains describe	21. I certify that I taok charge of the remains described above, held an Autapsy . Inspection . Inquiry . and in my							
apinian death resulted fram: Natural causes Accident , Suicide , Hamicide , Undetermined manner   ACTUAL MONATURE MEDICAL EXAMINER   DATE SIGNED								
EXAMINER'S NAME (Type) John T. M loney, M.D.	ASSISTANT MEDICAL EXAMINER March 5, 1959							
270. BURIAL, CREMATION, 27b. DATE PHEREOF 22c. NAME OF CIMET BURIAL MARCH 9.1959 Willigton	RATURAL CEMETRY CHURCHEN (Sty-town, or county) (Styte)							
Jarun Milles, 254 Carray De hor	Wash AC DATHIAN 6 159 Color & King & King & Color & King &							

The state of the s . Parket Street Street mental and the second second second 

# HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in them. 18. Give Pages 1, 2, and 3 to the functor director. Page 4 should be given the Chief Medical Examinar's Office along with farm PM3. Page 11 may be retained for your files.

TO PUNERAL SIRECTOR: Rage 11 shauld be used as a burial-transit permit. File pages 1 and 2 with the State part of Health, or its designated agent, prior to burial, cremators, and in any eyem which 72 hours after death.

VS. A15ME 5M 2/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

()	3	4	0	2
		-		

77.0	2740				Reg. Dis	t. No.		
1. PLACE OF DEATH 6. COUNTY	Prince George	es Maryland	O CYAYE	Where deceased lived. If it b. CO		Geo.		
and give nearest for	(If outside corporate limits, write RUI wn) heverly	c. LENGTH OF STAY IN 16		outside corporate limits.	write RURAL and	give nearest town)		
-	Georges Gener	t in hospital, give street address) ral Hospital	5030 38t	h Avenue		IS RESIDENCE ON A FARM? YES NO PO		
3. NAME OF DECEASED (Type or print)	First George	Middle	llen	4. DATE OF DEATH MAY	Wenth	Doy Yeor 19 59		
5. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED 8	12-8-33	9. AGE (In yellost huthday)	IF UNDER 1	13. 11.		
during most of work	ION (Give kind of work done inc. life, even if retired) OITICET	Town Police Ford			12. CITIZ	U.S.A.		
13. FATHER'S NAME George	Allen	A management of the second	14. MOTHER'S MAIDEN Hester	NAME Ballard				
15. WAS DECEASED E	VER IN U. S. ARMED FORCES	0)	etty A. Aller	same addre	dress 858 &5 #	2.		
	18. CAUSE OF DEATH [Enter only one course per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Cerebral compression							
Conditions, if gave rise to imm (0), staling the couse last.	ediote couse	Subdural he	morrhage					
PART II, O	THER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	IINAL DISEASE CONDITION	GIVEN IN PART	PERFORMED?		
	20b. DESCRIBE HOW INJURY OCCURRED. (Enfer noture of injury in Port I or Part II of Item 18.)  PRIMARY DESCRIBE HOW INJURY OCCURRED. (Enfer noture of injury in Port I or Part II of Item 18.)  Operator of a motorcycle in collision with an automotor of injury in Port I or Part II of Item 18.)							
20c. TIME OF INJ	3-22- 19 50	of work of work Hig	nry, street, office bldg., etc	Palmer Par	(Coun	(State) Geo. Md.		
apinion deoth		the remains described abaural causes . Accident . Malaway . Malawa		Homicide . Unc	(), Inquiry determined management	DATE SIGNED		
220. BURIAL CREMATI REMOVAL (Specif Burial	3/25/59	Fort Lincoln	Cemetery	Colmar Mar		(Stofe)		
23. FUNERAL DIRECTO	Gasch's Sons	ADDRESS Hyattsville. Ma	24q. REC	MAR 2 6 '59	Carling 2.	4 -		

WALL OF Social Control of the . . . The state of the s satisfaction at a large of the large of the satisfaction and the satisfa · 1 (= 0 = 0)

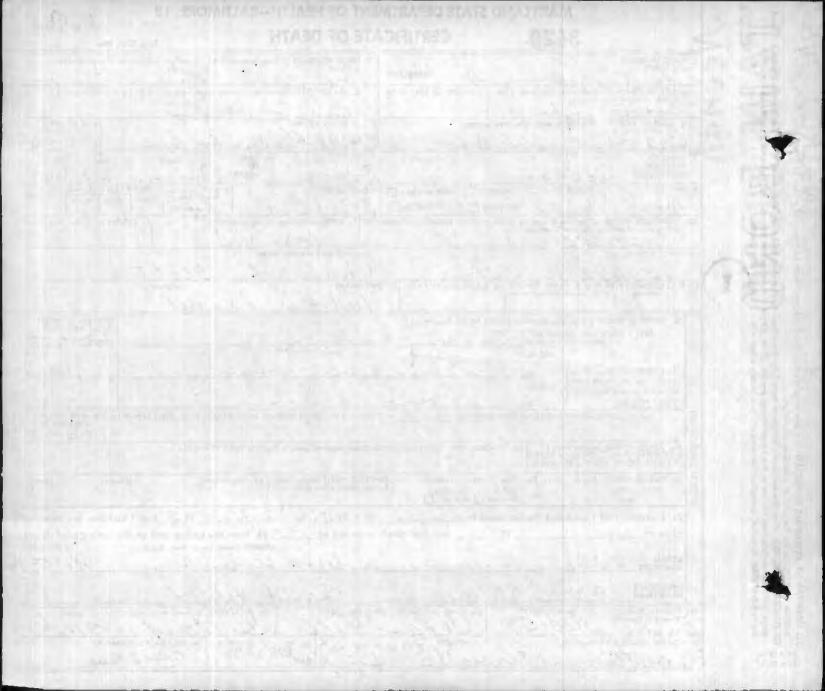
1 60.		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	09400
A		3417 CERTIFICATE OF DEATH	(13403
director.	1.	PLACE OF DEATH COUNTY  Lecyclo MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution) lesider o. STATE Have be county.	
vid be f	Ĺ	o. CITY OR TOWN IN Quinide corporate limits, write . C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If only de corporate limits, write RURAL and MIRAL and give regress town)	give nearest town)
Short Short		or INSTITUTION 37/2-36 2 Street address 37/2-36 4/	e. IS RESIDENCE ON A FARM? YES NO
ges 1 or		NAME OF DECEASED (Type or print) First Middle Bassett 4. DATE OF DEATH 3 Month	Day Year 19.59
(1)	5.	male re-bife WIDOWED 1 DIVORCED 1-26-1870 lost birthdoys Months	Doys Hours Min.
death death	10a	during most of working life, even if retired) LIREY, HAYNINGTE LINEYILE MISSONY	1.5.A.
ve carb		AMOS BUSSEH Matilda Matson	
72 hau		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address  127-05-1041. They Help 13. Bower	3712-36 Ho
an pleas		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Congostice hoart Scilero.	INTERVAL BETWEEN ONSET AND DEATH LL LEEDS
ny ever		4341 DUE TO Conditions, if any, which ) (b)	
o ui pu		gove rise to immediate couse (a), stating the under lying couse lost.	
oval, a	CATION	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	T 1(6) 19. WAS AUTOPSY PERFORMED? YES NO
Or rem	CERTIFI	20s. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II of item 18.)  OR CONTRIBUTING   CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	
emofian	MEDICAL	20c. TIME OF INJURY Month, Day, Year And INJURY OCCURRED Hour a. ft.  Hour a. ft.  p. m.  19  20d. INJURY OCCURRED While Not white of work of	County) (State)
urial, cr		21. I certify that Lattended the deceased from 1217. 23, 1999, to March 4, 1999, that I alive on 120, 25, 1999, and that death occurred at 10. 129M; from the causes and an ti	last saw the deceased
ar to b		ACTUAL ACTUAL Glbest F Dilumit IMP. 1835KSt. N.W. Wash	DATE SIGNED
strar pri		PHYSICIAN'S NAME (Type)	and the state of t
the regi	220	BURIAL CREMATION, 22b. DATE THEREOF 2c. NAME OF CEMETERY OR-CREMATORY 220/LOCATION (City, town, or county) REMOVAL (Specify) 3/7/59 Granville Center Granville	Buter Be
(4) 55	23.	allers Frenchal Home ADDRESS MI, Rainel 240. REGISTRAR 246. REGISTRAR'S SIG	SMATURE Phane

TRACTION TO TRACTICATION TO THE PROPERTY OF TH		
MARKET SE		
		-
THE PARTY OF		

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3420

	あるがら	Outer 11 To	ALL OF DEFAILT	Reg. Dist	, No.
	1. PLACE OF BEATH O. COUNTY  Purice Survice	MARYLAND	2. USUAL RESIDENCE (Where de oSTATE	eceased lived. If institution: Residence b. COUNTY	before admission)
	RURAL and give neasest town)	LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	Corporate limits, write RURAL and gi	ve negrest town)
	d. NAME OF HOSPITAL (If notify haspital, give street addr OR INSTITUTION	ess)	d. STREET ADDRESS	gaid Ane	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) GEDRGE	Middle	7 , 0	SEATH much	Day Year 2 2 19 5 7
	male Whate WIDOWED [		8. DATE OF BIRTH 7-7-18-74	8 6 70.	YEAR IF UNDER 24 HRS. Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. KINI during most of working life, even if retired)	D OF BUSINESS OR INDU	MARYLI	eign country) 12. CITIZ	EN OF WHAT COUNTRY?
1	13. FATHER'S NAME	166	14. MOTHER'S MAIDEN NAME	. Scott	+
	(Yes, no, or unknown) (If yes, give war or dates of service)		Mary V.	Beall	
	18. CAUSE OF DEATH [Enter only one cause per line for PART 1. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a)  DUE TO	(a). (b). and (c).)	ulum		INTERVAL BETWEEN ONSET AND DEATH JEST LINE
	Conditions, if ony, which gave rise to immediate couse (a), stating the under-	terre	lutio Con	oneny	10 years
	lying couse lost. (c)	Heart	distance		
	PART II. OTHER SIGNIFICANT CONDITIONS CONT  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH  IF EITHER, NOTIFY MEDICAL EXAMINER;	RIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL D	SISEASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO
		HOW INJURY OCCURRE	D. (Enter nature of injury in Part I	or Port II of item 18.}	
	ZOC. TIME OF INJURY Month, Day, Year 20d. INJURY Hour a. m. While of work	Not while of work	ACE OF INJURY (Home, form, 20f clary, street, affice bldg., etc.)	(City or town) (Co	ounty] (State)
	21. I certify that I attended the deceased to alive an hand 19 195	from January	accurred at 7 MM.	L27, 1957, that I lo	e date stated above.
	ACTUAL Welliam Bra	un	M.D. GILY CC	ESS (Street, city or lown, state)	DATE SIGNED
	PHYSICIAN'S WM BRAI	ション	Capital	Hyte my	
	Burbs 3/30/59	c. NAME OF CEMETERY O	R CREMATORY 22d.	LOCATION (City, town, or county)	med.
1	23. FUNERAL DIRECTOR'S SIGNATURE	address 300	DATE MAR 3		



may be retained by the haspital at attending physician.

TO FUNERAL DIPECTOR: After this certificate has been signed by the attending physician and completely page 3 shauld as detached far use as the burial-transit permit. Then please remave carban pages. Post the registrar pitar to burial, cremation, at remaval, and in any event within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be enemated within 24 hours after death. Page

VS A15 (4) 15M 10/57

/		b CITY OR TOWN (If outside corporate limits, write   c LENGTH OF STAY IN 1b   c. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town)
	T	3 right and give recrest town) 39 yrs. Bright scat (Rural)
		d NAME-OF HOSPITAL (if not in hospitol, give street address)  d STREET ADDRESS
75	7	3 right Seat Ra Landover, Md. Bright seat Re Landover Md YES MO
		NAME OF First Middle Last 4 DATE Month Day Year
		(Type or print) Ohn Owers Beans DEATH March 27 1959
	S 5	SEX   6 COLOR OR RACE   7 MARRIED   NEVER MARRIED   8 DATE OF BIRTO   9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
		Male White WIDOWED DIVORCED 18 33 1883 Months Doys Hours Min
	10a	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY 11 BIRTHPLACE (State or foreign country)
		tarmer laboreotorm Harriand USA
	13.	FATHER'S NAME Catherine Brady
		James E Beane MXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
	_	X Mocre Deane Landore, Maria)
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]
		PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE TO THE TOTAL
		332 X DUE TO (5)
		Conditions, if ony, which) 10 to meralized Anterioseplero is 10 years
		gove rise to immediate Couse (a), stating the under-
		tying couse lost.
	Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(d) 19 WAS AUTOPSY
7)	ATIO	PERFORMEDY YES NO IN
	715	20a, ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item 18.)
	CERT	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	3	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
	MEDI	Hour o. m.  While Not while foctory, street, affice bldg., etc.)
		21. I certify that I attended the deceased from 1002 11, 1949, to Flarch 27, 1957, that I last saw the deceased
		plive on Maye h 54 1957 and that death accurred at 12 24 PM from the cause and as the detected at the
		alive on MAXCA 52, and that death accurred at 12, 52 M, from the causes and on the date stated above  ADDRESS (Street, city or lown, state)  DATE SIGNED
		ACTUAL TI STEEL STORY
1		SIGNATURE [ ]. WILL WILL SIGNATURE [ ] OD CI SI. SPIF
1		PHYSICIAN'S Dr. W Suit Pitchie Wash 27 D.C.
	220	BURIAL, CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote)
		Burial 3/30/59 Ft. Lincoln Cometery Bladensburg. Md.
	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE
	Ri	tchie Bros. Upper Marlboro, Md. DABPR 1 '59 Cuthan S. Former



HEALTH DEPT.

TO DEPUTY MEDICAL EXEMINEM This certificate should be executed within 24 hours ofter death. If my delay is micessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be executed to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained by your files.

TO FUNERAL PASCION: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State. I of Health, or removal, and in my event within 72 hours after death. Ref.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 31 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03406 Ren Dist Mo.

1. PLACE OF DEATH O COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  o STATE Marry 2 and b. COUNTY								
Prince George's MARYLAND	• STATE Maryland b. COUNTY Prince George's								
b. CITY OR TOWN (I outs do corporate tim ts. we to RURAL C. LENGTH OF STAY IN 16	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)								
Hillcrest Heights Transient	X Hillcrest Heights								
d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, a ve street oddress)	d STREET ADDRESS								
In a vacant lot at 28th and Keating Sts	5858 28th Avenue								
3. NAME OF First Middle DECEASED	Lost 4. DATE Month Doy Year								
(Type or print) Jefferson Nicholes	Becker DEATH March 23 19 59								
5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED   8	nel bethand								
Male White WIDOWED   DIVORCED	Nov. 20,1898   lost States   Months Days Hours Min.								
100. USUAL OCCUPATION (Give kind of work done during most of working file, even if retired)  Clerk (U.S.Govit Retired	New York 12. CITIZEN OF WHAT COUNTRY?								
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME Heineman								
Harry William Becker	Elizabeth A. Heneman								
15. WAS DECEASED EVER IN U. S ARMED FORCES? 16. SOCIAL SECURITY NO 17. IN	FORMANT R. Address								
Yes WW 1 577506246	Robert B. Becker same as # 2								
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) ]	INTERVAL BETWEEN ONSET AND DEATH								
PART I. DEATH WAS CAUSED BY: Acute cons	estive heart filure								
444 X DUE TO	11 11 1 3 1 Immediate Cause (o)								
Cardiovascular renal disease									
gave rise to immediate cause									
(a), stelling the underlying OUE TO									
COURS (act. ) (c) (c) (c) (c) (c) (c) (c) (c) (c) (									
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19, WAS AUTOPSY PERFORMED?									
YES NO NO									
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N  200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING TO DEATH BUT N  CAUSE OF DEATH.	nter nature of injury in Port Lor Part II of Hem 18 }								
3 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e PLAC	E OF INJURY (Home, form, 120f. (City or town) (County) (Stote)								
20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e FLAC While Not while factor at work 01 work □	ry, street, office bldg., etc.)								
21. I certify that I took charge of the remains described above	ve, held on Autopsy . Inspection . Inquiry . ond in my								
opinion death resulted from: Natural couses Accident	. Suicide . Homicide . Undetermined monner								
1163	7								
ACTUAL DAY AND THE DESIGNATION OF THE PERSON	M.D. CHIEF MEDICAL EXAMINER [								
SIGNATURE	ASSISTANT MEDICAL EXAMINER								
EXAMINÉR'S James I. Boyd	DEPUTY MEDICAL EXAMINER March 24, 1959								
220. BLRIAL CREMATION 276 DATE THEREOF 22c. NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (City, lown, or county) (Stote)								
Burial 3/26/59 Arlington N	ational Cem. Arlington, Virginia								
23. FUNERAL DIRECTOR'S SIGNATURE	24g, REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE								
The S.H. Hines 'o2901 Lith St., N	CARREST PLANTS COMMITTED TO A COMMIT								
Washington 9.D.C	DATIAR 26'59 Cally & King								

VS ATSME 5M 2.57





7
FOR STATE
HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the cartificate, writing the word "pending" in pendin in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be graded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained by your files.

10 FUNERAL PIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the Store 1 of Health, or its designated agent, prior to burial, cremation, or removal, and in any event fillin 72 hours after death

VS. AISME BM 2 57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH	

		)	3	4	()	8	
Ren Dist	Nn.						

- 1		
	PLACE OF DEATH  o. COUNTY	2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission)  • STATE  • COUNTY
	Prince George's MARYLAN b CITY OR TOWN (IF out de cerporate limits, write RUPAL   c LENGTH OF STAY IN 1	"UNATSud Land Louise,
Л	ond give negrest town)	2
	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d STREET ADDRESS
8	Prince George' General Hospits	ON A FARM
	3. NAME OF First Middle DECEASED	Lost 4. DATE Month Day Year
	(Type or print) Theodore William	Boswell DEATH Forch 25, 1959
	5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED	8 DATE OF BIRTH 24 9. AGE (In years feet bir hday) Months Days Hours Min.
	ole White WIDOWED □ DIVORCED □	rebruary 1901   58 m
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDI- during most of working life, even if retired)	
	General General	
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	"illiam Boswall  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 116 SOCIAL SECURITY NO 117	Lauisa Texhanna Mennydon
-	[Yes, no, or unknown] (If yes, give war or dates of service)	. INFORMANT Address
	Yes 17. W. 1 and 11	Al red "arl l'oswell, same s # 2
	18 CAUSE OF DRATH [Enter only one couse per time for (o), (b), and (c) } PART I, DEATH WAS CAUSED BY:	INTERVAL BETWEEN
1	IMMEDIATE CAUSE (6) ACU UE COL	ngestive heart hilure
	44 d A DUE TO	7 7 7 7
	gave rise to immediate couse!	scular renal disease
	(a), stoting the underlying DUE TO	
1		T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
	PART 11. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BU	PERFORMED?
	PRIMARY Or CONTRIBUTING CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	(Enter noture of injury in Port I or Part II of Item 18.)
- [	20c TIME OF INJURY Month Doy, Year 20d, INJURY OCCURRED 200 F	PLACE OF INJURY (Home, form, 1201 (City or lown) (County) (State)
	20c TIME OF INJURY Month Doy, Year 20d, INJURY OCCURRED 20e F Hour e. m. While Not while of wark of wark	actory, street, office bldg., etc.)
	21. I certify that I took charge of the remains described a	bave, held an Autopsy , Inspection , Inquiry Dr and in my
1	apinion death resulted fram: Natural causes XX Accident	t [], Suicide [], Hamicide [], Undetermined manner []
- [	ACTUAL COLOR ON STATE OF THE ST	DATE SIGNED
	SIGNATURE CANALLY STORY	M.D CHIEF MEDICAL EXAMINER []
	EXAMINER'S	ASSISTANT MEDICAL EXAMINER
	NAME (Type) / dames 1. Boyd	OLPUTY MEDICAL EXAMINER 1: 1:00 25, 1959
	220 BURIAL CREMATION, 22b DATE THEREOF 22c, NAME OF CEMETERY	OR CREMATORY (State)
	23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	Takonaf Wilmalon, Varyman 1240, REGISTRAR SIGNATURE
	W.W. Phomber Co. In Warls .	MAD 2 0 IFO
-		C. C. DATE ATT 3 U 59   Cally & Krans



- 6	ì	9	4	ť	1	23
- 1	P	3	7	ŧ	ł	IJ

	Items 83472 17	' CERTIFICA	ATE OF DEATH	Reg. Di	st. No.
1, #	COUNTY Se See	MARYLAND	2 USUAL RESIDENCE (Where dece		nce Georges
b	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Beltsville Md	c. LENGTH OF STAY IN 16	11/ 24/ 15 -	reporate limits, write RURAL and onice, Md.	give nearest town)
E	NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION Leven Cedars Rest Home	oddress)	d. STREET ADDRESS	and at	e is residence On a farm? YES NO
D	NAME OF DECEASED Type or print) SARAH ES	TELLE Middle	BOURNE OF	Month Month	3 Day Year 7
5 \$1	6. COLOR OR RACE 7. MARR WIDOWE	DIVORCED DIVORCED	B DATE OF BIRTH 7 May 27, 1883.	9 AGE (In years IF UNDER lost brithday) AD, 85 yrs	1 YEAR IF UNDER 24 HRS Doys Hours Min
10a	USUAL OCCUPATION (Give kind of work dane 10b. during most of working life, even if retired)  Retired Gover	nment Clerk	STRY 11. BIRTHPLACE (Stole or foreign Virginia	n country] 12. CI1	US A
13 F	FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
	George William C	hase	Lizzie Willi	ams	
15 \ (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16.		rs Marie / Read	Address Hyattsville	Md.
ATION	PART II. DEATH WAS CAUSED BY:  334 X  Conditions, if ony, which gove rise to immediate cause (a), stating the under- lying cause last.  Part II. OTHER SIGNIFICANT CONDITIONS C	ON COLO LEVELULING TO DEATH BUT	Prolation Culture Terminal DIS	iozelerozis zelevozas EASE CONDITION GIVEN IN PAR	T 1(a) 19 WAS AUTOPSY PERFORMED? YES \( \text{NO IN } \text{NO IN } \)
	20a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I ar	Part II of item 1B )	IIS NOT
MEDICAL	Hour o.m. While	JURY OCCURRED 20e. PL Not while of work	ACE OF INJURY (Home, form, 20f (ctory, street, office bidg., etc.)	City or lawn) (1	County) (State)
	21. I certify that I attended the decease alive on 12 3 19 5 19 5 19 19 19 19 19 19 19 19 19 19 19 19 19	54	, 1955, to 7 de occurred at 2 P. M. f. ADDRES: M.D. 47/3	ram the causes and on t	last saw the deceases the date stated above DATE SIGNED
B	BURIAL CREMATION 226 DATE THEREOF REMOVAL (Specify) Burial March 6, 195	22c. NAME OF CEMETERY CO Arlington ADDRESS	National Ar	CATION (City, town, or county)	(Stafe)
23 1	171	Sville Marylo	24a. REC'D BY REC	159 24b. REGISTRAR'S SIG	

funeral director. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death) VS A15 (4) 15M 10/57



8	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
FOR STATE	A AMEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	Reg. Dist. No.
	PLACE OF DEATH  COUNTY  Drings County  STATE Month and b. COUNTY  Drings County
Sala M	Trinca deorge
E.E.E. 1811	b CITY OR TOWN (If autside corporate Imits, write RURAL and give nearest lawn) ond give nearest town)
y ac de cho	Cheverly 3 days Hyattsville
7 .	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)  d. STREET ADDRESS  e IS REF OFN F ON A FA M2
200	Prince George General Hospital   6118 - 85th Ave.   YES   NO
fune fune Star, leat	3. NAME OF DECEASED First Middle Lost 4 DATE Month Doy Year
	(Type or print) Jellrey Paul Brackna Death Mar. 18 109
5 F F S	5. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH 9 AGE III years IF UNDER 17 A HAS
e i × i × i × i × i × i × i × i × i × i	Male windowed Divorced April 18, 1958
2 H 2 H	100 USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR NDLSTRY 11, B RTHPLACE (State or foreign country)
2000	Jakona Park, Md. U.S.A.
25 8 2 T	13. FATHER'S NAME CO.
2 2 2 2	Albert Brackna Eleanor M. Nyle
1 2 2 2	15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17, INFORMANT Address.
3 E E E	Mother above
0 F E E	18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]
Tour Tour	PART I. DEATH WAS CAUSED BY: MADDEN'S SWARA CHINOSIA MEMORYMAC
- G. S.	9040 DUE TO
P. T. T. D. C.	(Conditions, if ony, which) 150 Color of an or Supprior Carel Man pladas
re Crio	gove fire to immediate course
0.000	(6), stating the underlying (10) Tracher of left accordat lone
Tige of the state	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATHBUT NOT RELATED TO THE TENA NAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
sed in a sed	PERFORMED? YES TO NO
0.00	200. EXTERNAL CAUSE WAS 20b DESCRIBE HOW MILITY OF CUIRRED. (Enter poture of injury to Port I or Port II of dem 18.1.
Ne de la	S CAUSE OF DEATH.
by by by	The state of through the state of the state
TOWE /	Hour while Not while perfory, street, office bldg., etc.]
the sign of the si	
T P P P P P P P P P P P P P P P P P P P	
de de de	opinion death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined monner
	ACTUAL CHIEF MEDICAL EVANIAGE TO DATE SIGNED
9 2 2 5	SIGNATURE MD CHEET COMMINER L
Sign Sign	EXAMINERS ASSISTANT MEDICAL EXAMINER
Page 4	NAME (TYDE) DATA 1- MAL ONEY, MD. DEPUTY MEDICAL EXAMINER & 3-20-39.
1 2 % <b>2</b> %	220 BURIA. CREMATION (22b DATE THEREOF 22c, NAME OF COMPLERY OR CREMATORY 22d LOCATION (City, town, or county)
5,45,	23 FUNERAL DIPECTOR'S SIGNATURE  ADDRESS  ADDRES
S A15ME	7 - 20
5M 2/57	falleys turleal some Mai DATMAR 23'59   Cirthur S. Hours
	· Janes



		MARTI	ANU.	STATE DEPA	KIMI	NI OF HEALTH	-BALT	IMORE, 1	8		0011
		342	4	CERTI	FICA	TE OF DEATH	ı		Reg. Dist.	No.	11341
0. C	rince Ge	orga		MARY	LAND	2. USUAL RESIDENCE (Who o. STATE Marvland	ere deceased	b.FOING	e Geor	before or	dmission)
ЬC		outside corporate limi	ts, write	c. LENGTH OF STAY	IN 1b	c CITY OR TOWN (If or	utside corpore				town)
	Cheverl	37		45Er.		College P	ark				
d. N		AL Alfred in hospital, o				d. STREET ADDRESS	. 7				S RESIDENCE ON A FARM?
2 2124	Prince	Gebrge Ger				4810 Lakel				YE	ES NO
DECI (Type	EASED or print)	Eaby	"Gir	1 Brookstiddle		Lost	4. DATE OF DEATH	Mar.		Doy 7	1959
5. SEX	omale	6 C8 PP OF MACE	7. MAR	RIED NEVER MARRIE		DATE OF BIRTH	9	AGE (In years lost birthday) yrs			UNDER 24 HRS
10a US	JAL OCCUPATIO	N (Give kind of work- ing life, even if retired	done 10b	KIND OF BUSINESS O	R INDUS	TRY 11 BIRTHPLACE (State of	or foreign cou	intry)	12. CITIZE	N OF W	VHAT COUNTRY
	and an an and a	my me, even it terries				Marylan	ıd			U.S	.A.
	HER'S NAME					14. MOTHER'S MAIDEN N	AME				
		ranklin Br				Jeanette N	darie I				
15, WAI (Yes, no.	S DECEASED EVER	R IN U. S. ARMED FOR If yes, give wor or dates of s	CES? 16.	SOCIAL SECURITY NO.	-	formant arents , Ab	ove Ad	Addi ldress	'ess		
C gr		TH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO ty, which ) nmediate (	1	ine for (o). (b). and (c).		ET)				ONSET A	AL BETWEEN AND DEATH 4 hours
FICATION	PART II OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEA	THE BUT I	NOT RELATED TO THE TERMIN	NAL DISEASE	CONDITION GIV	EN IN PART 1	PI	VAS AUTOPSY ERFORMED?
OR (IF	ACCIDENT WAS CONTRIBUTING EITHER, NOTIFY	S UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OF	CCURRED	(Enter noture of injury in P	ort I or Port I	l of item 18.)			
WEDICAL	TIME OF INJURY Hour o.m.	/ Month, Day, Ye 19	While		20e. PLA foct	CE OF INJURY (Home, form, pry, street, office bldg., etc.)	20f. (City o	or fown)	(Cou	inly)	(Stote)
AC SIG	TUAL NATURE TIL	c 7	., 12.5 (67		death		PM, fram	the causes a	nd on the		
220 BU REI	RIAL, CREMATION	N. 226. DATE THEREC	F	22c. NAME OF CEME	TERY OR	CREMATORY	22d. LOCATIO	ON (City, town o	or county)		(Stole)
org	Totion		1/52	ADDRESS		s General Ho	spital		TRAR'S SIGN		
11	1 : 1	(1/1	h	Harry W I		Jr - DATEMAR	7 7 7 59	0,	Chur S. FE		



VS A15 (4) 15M 10/57

LAND	STATE	DEPARTMENT	<b>OF HEALT</b>
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CERTIFICATE OF DEATH—BALTIMORE, 18

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(	16.4	1	-
6.3	100	E.a	
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MARY

Ren. Dist. No.

									MARI MI	217 1140.	
1. PLACE OF DEATH O COUNTY Prin	ce George	8	M	ARYLAND	2. USUAL RESID	Mary		I ved If instituti b. COUNTY		nce before o	
b CITY OR TOWN (If or RURAL and give pears Cho	itside corporale limi st town] verlv	ls, write	c. LENGTH OF ST	AY IN 16 Ye	c. CITY OR T	-	ndvwin	ote limits, write R	URAL ond	give negrest	town)
d. NAME OF HOSPITAL OR INSTITUT ON Princ	(If not in hospital, g			<u> </u>	d. STREET A					1 0	RESIDENCE ON A FARM?
3. NAME OF DECEASED (Type or print)	Fin Bern	ard	Mid		Brooks		4. DATE OF DEATH	nom pN:	aroh	Doy 19	Yeor 19 59
5. SEX 6	COLOR OR RACE	7 MARI		RRIED	B. DATE OF BIRTH			9 AGE (In years lost birthday) 53 yrs	Months Months		UNDER 24 HRS
100. LSUAL OCCUPATION during most of working Farmor	Give kind of work	lone 10b			STRY 11. BIRTHPL	CE (Stote o	er foreign co				THAT COUNTRY?
13 FATHER'S NAME					14 MOTHER'S						
Cha	rles Bro		SOCIAL SECURITY	NO 17	INFORMANT	rah G	reen	Add	F644		
	n. give wor or dates of a		30CIAL 3ECONIII		Alice	W4	6-	Addres			
Conditions, if ony, gove rise to imm couse (a), storing the lying couse lost.  PART SI. OTHER  20a. ACCIDENT WAS U OR CONTRIBUTING  (IF EITHER, NOTHEY ME	ediote (	)	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO	THE TERMIN	, U	CONDITION GIV	/EN IN PAR	PI	VAS AUTOPSY ERFORMED?
	NDERLYING TO CAUSE OF DEATH DICAL EXAMINER)	20b. DES	CRIBE HOW INJURY	Y OCCURRE	D. (Enter nature of	injury in Po	ort t or Port	II of item TB.)			
20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Yei	While of wor	NOT WHILE  Not work	20e. PL fo	ACE OF INJURY II- clory, street, office	lome, farm, bldg , etc.)	20f (City	or town)	{(	County)	(State)
21. I certify that alive an Marc		19_		iat death	14 , 19 59 accurred at.	2,30 <i>l</i>	M, from	the causes of the cause of	ind on t	last saw he date s	the deceased tated above DATE SIGNED
220. BURIAL CREMATION, REMOVAL (Specify)	22b. DATE THEREO	- 57	22c NAME OF C	EMETERY O	OR CREMATORY		22d LOCATI	ON (City, town,	or county)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(Stole)
23 FUNERAL DIRECTOR'S SI	GNATURE	sol L	ADDRESS 3	9Hui	行,作	240. REC'D	BY REGISTR		STRAR'S SK	SNATURE 8. Hours	Ł



death.



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

VS. ATSME



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. HEALTH DEPT PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Files. Health, a. COUNTY b. COUNTY Prince Georges MARYLAND Pr. Geo. b CITY OR TOWN It autide corporate timits, write RURAS C LENGTH OF STAY IN 16 c. CITY OR IOWIT (If outside corporate limits, write FURAL and give nearest tawn) and own regrest found Palmer Park-Hyattsville Cheverly 15 days d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET APORESS ON A FARM? Prince Georges General Hospital 7900 Greenleaf Road YES NO delay is retaine e State death. NAME OF DECEASED Caldwell Enla. Mae (Type or print) March 31 59 DEATH 19 5. SEX 6. COLOR OR RACE 17 MARRIED NEVER MARRIED 1 8 DATE OF BIRTH 9 AGE (In years IF UNDER TYPAR IF UNDER 24 HRS Months Days Hours Female white WIDOWED | 12-14-1910 DIVORCED [7] e 5 d 10c. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)
Typist.

D.C. Government
Alabama 12. CITIZEN OF WHAT COUNTRY? U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME pages Frank Stewart Delphine Clark 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO Net no, or unknown) Hospital Records and John R. Caldwell. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). IN ERVAL BETWEE & PART I. DEATH WAS CAUSED BY: Bronchopneumonia IMMEDIATE CAUSE (a) Office of DUE TO 3rd degree burns of 70 % of body Conditions, 'f any, which gave rise to immediate cause **DUE TO** (a), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? NO [ 200. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part i or Part It of Hem 18) Pajamas caught fire by some unknown means. the WChief Chief Shout 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 120f. (City or fown) 20r TIME OF INJURY Month, Day, Year (County) (Stote) Not while factory, street, affice bldg., etc.) White at work at work . Polmer Park Md. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection T. and in my orded opinion death resulted from: Natural causes 🗋, Accident 💢 Suicide 🗍, Hamicide 🗍, Undetermined manner ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER [7] NAME (Type) DEFUTY MEDICAL EXAMINER John T. Maloney should FUNER March 31, 1959 270. BURIAL CREMATION, 226 DATE MEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) Colmar Manor Ft. Lincoln  $M_{
m d}$  . 4739 Barranore Ree 23 FUNERAL DIRECTOR'S SIGNATURE 240 REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE VS. ATSME . Gaschi Sons Hyattsville, Md. 5M 2757



M

### 3428

**CERTIFICATE OF DEATH** 

	Keg. Uist. No.
1. PLACE OF DEATH COUNTY I ringo Weoline	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY line of the state
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	AY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Laynel Ganaral Jasnital	d. STREET ADDRESS  o. IS RESIDENCE ON A FARM? YES \( \) NO \( \)
3. NAME OF DECEASED (Type or print) Elizabeth 5.	dley Lost 4. DATE Month Day Year OF DEATH 1 12 19 1
5 SEX 6 COLOR OR RACE 7. MARRIED NEVER MAR WIDOWED DIVORI	RRIED 8 DATE OF BIRTH 9. AGE (In years lost birthday)  RED 7 P. AGE (In years lost birthday)  Months Days Hours Min.
100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS during most of working life, even if retired)	S OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY Penna U.S.A.
13. FATHER'S NAME. Lewise Sime	14. MOTHER'S MAIDEN NAME Edith Canett
15. WAS DECT SED EVER IN U. ARMED FORCES? 16. SECIAL SECURITY N	NO. 17 INFORMANT Address  No. 17 INFORMANT Co. :
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Conditions, if any, which gave rise to immediate couse (o), stoling the under- lying couse lost  Column Couse Column Col	ONSET AND DEATH.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE 200. ACCIDENT WAS UNDERLYING TO EACH OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING (IF EITHER, NOTIFY MEDICAL EXAMINER)	DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO
	OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED Hour o. m.  p. m. 19 While of work of work	20e. PLACE OF INJURY (Mame, farm, factory, street, office bidg., etc.) (City or town) (County) (State)
21. I certify that attended the deceased from 3 / alive on 3 / 7 , 125 / , and the ACTUAL SIGNATURE	at death accurred at 12 T/M, from the causes and an the date stated above ADDRESS (Street, city or town, state)  ADDRESS (Street, city or town, state)  ADDRESS (Street, city or town, state)
NAME (Type) J. M. WARREN  220 BURIAL CREMATION   275, DATE THEREOF   120, NAME OF CE	
Built 3/19/59 Kelig	Leny (Em. 12d LOCATION (City, town, or county) Penne.
DE With Warsham, Louis	240. REC'D BY REGISTRAR 240 REGISTRAR'S SIGNATURE CITCHIAN S. FLIAMA

may be retained by the hospital ar altending physician.

TO FUNERAL DESECTOR: After this certrificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shaur detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and hould be filed with the registrar prior to burial, cremation, at removal, and in any event within 72 haves about TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4

VS A15 (4) 15M 9/55



## MEALTH DEPT.

necessary please of director. Page of ry your files.

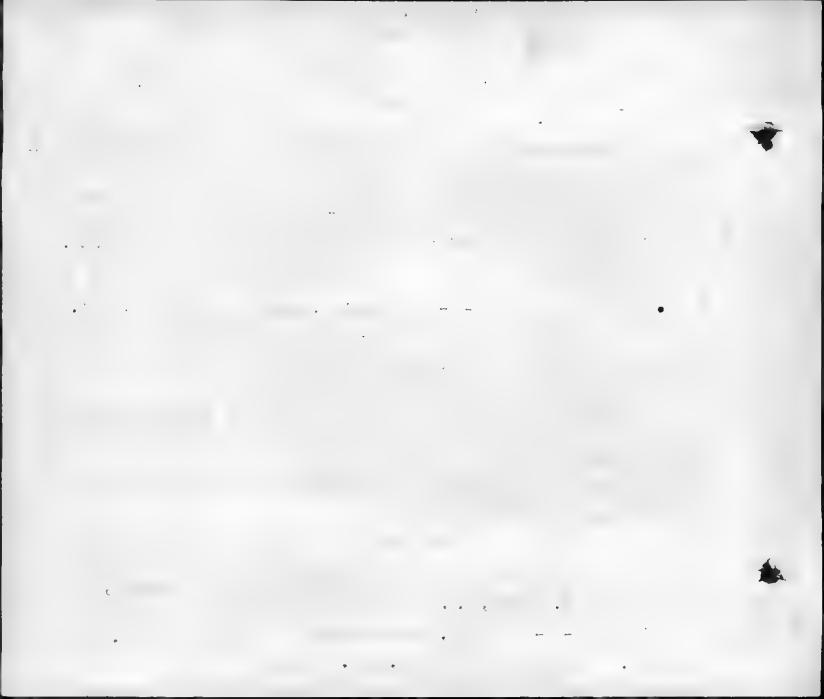
TO DEPUTY MIDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is nexecute the certificate, writing the ward "pending" in pendi in them, 18. Give Pages 1, 2, and 3 to the funeral 4 should be executed to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained TO FUNERAL! COTON: Page 3 should be used as a burial-transit permit. File pages, and single State or its design. Ited ages, and stream or its design. Ited agent, prior to burial, cremation, or removal, and in any event within 22 habits after death.

execute the 4 should be TO FUNERAL VS. ATSME 5M 2 57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

34 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	3429				0			Reg. Dist. No.	
1. PLACE OF DEATH					2. USUAL RESIDENCE	(Where deceased			
" a. COUNTY	Prince G	eorges	MARY	LAND	. STATE Mary]	and	b. COUNTY	Washingto	on
b. CITY OR TOWN ( )	autside cerpara e limits, write	- Aller Annual Annual Annual	ENGTH OF STAY	- 11	c. CITY OF TOWN				
Laurel	,		35 da	ys	Hage	erstown		21.	ž es
d. NAME OF HOSPIT	AL OR INSTITUTION (I	Finat in hospital,	give street address	)	d STREET ADDRESS	THE RESERVE TO A		and-desired to something the desired	ON A FARMS
321 0	orman Aven	ue	at the		985 3	efferson	Boulev	ard	YES NO
3. NAME OF DECEASED	Fire	ıt	M'ddle		Losi	4. DATE OF	Month	Doy	Yeor
(Type or print)	Henry	Jose	ph C	arro.	11		March	13	19 59
5. SEX	6. COLOR OR RACE	7 MARRIED X	NEVER MARRIED		DATE OF BIRTH		AGE (in years ant bythday)	IF UNDER TYPAR	2
Male	white	WIDOWED [	DIVORCED [		8-14-03		55 "yrı.	Months Days	Hours Min
10a. USUAL OCCUPATION	ON (Give kind of work in Jits., even if retired)			NDUSTRY			try)		WHAT COUNTE
Racing o	official	Ra	cing		Maryland	1		U.S	5.A.
13. FATHER'S NAME					4 MOTHER'S MAIDEN	INAME	- 2		
Danie	al Carroll				Daisy	Downey	•		
15. WAS DECEASED EV	ER IN U. S. ARMED FO		AL SECURITY NO.	17. INF	ORMANT	and an analysis and an an	Address		_
N.		21/1-	09-4184	Ho.	llis L. Car	roll; sa	me addr	ess as #	2.
18. CAUSE OF DEA	TH [Enter only one cou	se per line for (a	), (b), and (c) )			•		INTER	AL BETWEEN
PART 1. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	A	cute con	gest:	ive heart f	ailure			
444 X	DUE TO							T	£
Conditions, if a	ny, which (b)	C	ardiovas	culai	r renal dis	ease			
gove rise to imme							- NO.		J-7
couse lost,	(c)		Hereitana.						
PART II, OTH	HER SIGNIFICANT CON	DITIONS CONTRI	BUTING TO DEATH	EUT NO	T RELATED TO THE TER	MINAL DISEASE CO	ONDITION GIV		PERFORMED?
PRIMARY OF CO	USE WAS NTRIBUTING []	b. DESCRIBE HO	W INJURY OCCUR	RED (Ent	er nature of injury in P	art i ar Parl II of i	fem 18 )		
20c. TIME OF INJU	RY Month, Day, Yes	While	Not while	PLACE factory	OF INJURY (Hame, fa y, street, office bidg , e	rm, 20f. (City or	town)	(County)	(Stote)
21. I certify ti	nat I took charge	of the remo	ins described	above	e, held an Autor	sy , Insp	ection X,	Inquiry X.	and in m
	resulted from: 1							mined manner	
	1	,			~	_			
ACTUAL SIGNATURE	ohn D. M	Talon	ey		M.D CHIEF MEDICAL	EXAMINER [	" Va		DATE SIGNED
EXAMINER'S NAME (Type)	John T. Mal		ALLEY AM. A.		DEPUTY MEDICA	L EXAMINER X		rch 13,	1959
220. BURIAL, CREMATIC REMOVAL (Specify)	ON, 226 DATE THEREC		NAME OF CEMETE				N (City, lown, o		(State)
Burial		9	Mt. Vie	W Ce	emetery _		psburg		and the second second
23, FUNERAL DIRECTOR		ich & S		. 1		C'D BY REGISTRAI		TRAK'S SIGNATURI	



# TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death mentificate be executed within 24 hours often death. Page A hy he funeral director, bould be filed with may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and commetely filled in page 3 show the detached for use as the burial-transit permit. Then please remove carba papers. Pages 1 and the registrar minist to burial, cremation, ar removal, and in any event within 72 hours rifer death.

VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

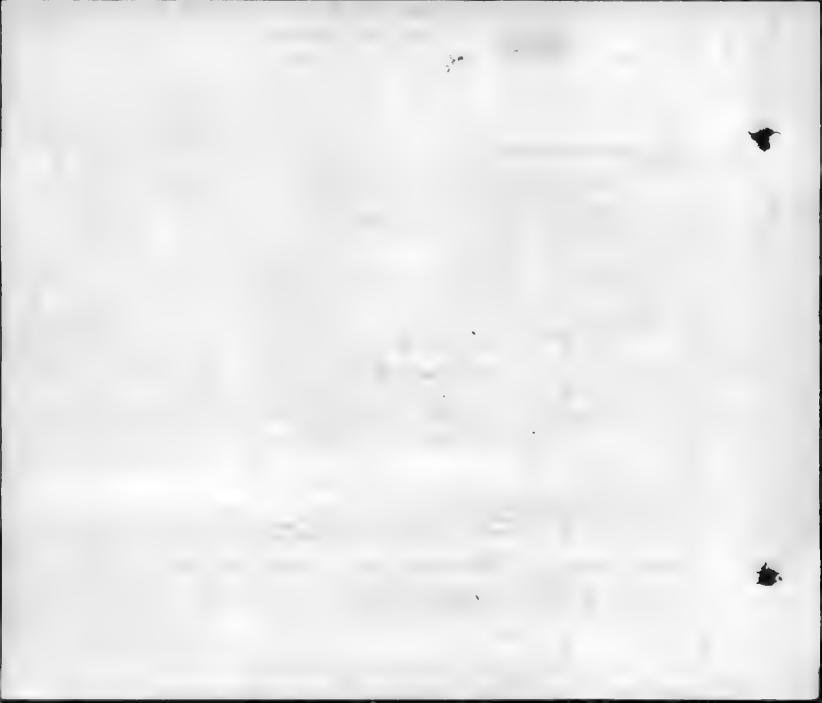
**CERTIFICATE OF DEATH** 

		347	74	CERTI	FIC.	ATE	OF D	EATH	1			Reg. D	ist. No		71()
1.	PLACE OF DEATH COUNTY	orues		MARI	LAND	0	USUAL RESID		ere decesses	Ь. С	f institute COUNTY		nce befo	re admis	sion)
-	b. CITY OR TOWN II	f outside corporate limi	ts, write	c. LENGTH OF STAY	IN 15	++	c. CITY OR T		utside carpo				give ne	orest low	n)
	Anchews A			4 Days		110	ew Roc	helle			^	х.			
-	d. NAME OF HOSPIT	AL (If not in hospital, s	ive street				d. STREET A				,			a. IS RE	SIDENCE
	OR INSTITUTION	ilal u.ir		Launer S		5	Reck	dale	Ave-1	-				ON /	NO [2]
	NAME OF DECEASED (Type or print)	新		J. ( )			J ire		4. DATE OF DEATH	, ,	Mon	th	13	,	Yeor 19
5.	SEX	6. COLOR OR RACE	7. MARI	RIED 🔲 NEVER MARRI	ED 📑	B. DA	TE OF BIRTH	1		9. AGE (	In years rthday)				ER 24 HRS
	ale	C ''C	WIDOW	ED DIVORCE	0 🗆	4 .	4110 10 5	31		27	yrs.	Months	Days	Hours	Min.
100	USUAL OCCUPATION	N (Give kind of work	done 10b.	KIND OF BUSINESS C	OR INDU	STRY	11. BIRTHPL	ACE (Stole	or foreign c	ountry)		12. C	TIZEN C	F WHA	COUNTRY
	during most of work	ung life, even if retired	,	US <sub>r</sub> .F			New Y								
13.	FATHER'S NAME					14	MOTHER'S		IAME			~	, b		
	James S C	erreta				1	175.00	20.							
15.	WAS DECEASED EVE	R IN U. S ARMED FOR	CES? 16	SOCIAL SECURITY NO	117		MANT				Addr	1853			
ęYą		(If yes, give wor or dates of t	erviće)	20-26-5115		000	ic' l	Ruce.							
H	I CAIKE OF DEA	TH Feater only one or		ne far (a), (b), and (c)			10. 1	11000					LINIT	ERVAL B	ETWEEN
		TH WAS CAUSED BY:		in the ry Me	-		E 75.						QN	FIONT	DEATH
	1000	IMMEDIATE CAUSE (	1	, the ty me	ta	u-q	* - '	·						PIOII	2012
	178×	DUE TO		mata asmai		_	ط مرما	* *							
	Conditions, if a		1	rato carci	137,	. ()	. 0:0	, ( E							1-
	couse (o), stating		)												
_	lying couse lost.	) (0													
CERTIFICATION	PART I: OTH	IER SIGNIFICANT CON	DITIONS	CONTR BUTING TO DE	ATH BUT	TON	RELATED TO	THE TERMI	NAL DISEAS	E CONDII	TION GIV	EN IN PA	RT 1(a)	PERF	AUTOPSY DRMED?
	20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b DES	CRIBE HOW INJURY C	CCURRE	D (En	iler noture of	finjury in f	Port I ar Por	t II of iten	n 15.)				
MEDICAL		Y Manth, Doy, Ye	ar 20d. I	NJURY OCCURRED			OF INJURY IF			r or town)			(Caunty)		(State)
AEDI	Hour o.m.	19	While	k ot work	fo	clory,	street, office	bldg., etc	1						
-		-1   -114-4		30.1	~3		10 F	Ann 7	্ব		10	Mark I	last -	Al	deceased
	1 3	at I attended the					., 19_5_2								
	olive on		, 19	and that	dean	n acc	curred of,		(M, fran ADDRESS (Si				the do		ed above
	ACTUAL	2.1.1	0.	1-0.			HC.2				or town,	arolej		13	
	SIGNATURE	mais	/ . ~	Julia		M.D.	Of the		tal A					7.3	JT 7
	PHYSICIAN'S REPARE (Type)	C	LI.A	JAM 2 1 AP	<u> </u>	)	Aures	lan.	<u> </u>	24.2.	ر د ر	·			
22	BUR AL, CREMATIO			22c. NAME OF CEM	ETERY C	OR CRE	EMATORY		22d LOCA	TION (Cit	y lown, t	or county)		(510	le]
	REMOVAL (Specify) Burial	MAR. 16,	1959						New I	Roche	elle.	New	Yor	k	
23.	FUNERAL PHRECTOR	S SIGNATURE	10:	ADDRESS				24a. REC'I	D BY PEGIS	TRAR 2	4b. REGIS	STRAR'S S	IGNATU	RE	
	1 , , , ,		eldi 816	H St., N.E	.Wa	ish.	.D.G.	DATEMA	R 17'5	9	an	thun 8	. The	14	
4 100	man			AA WWW 5 AT 9 W	4 3110	- 3-4 -	7-7-								





MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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VS A15 (4) 15M 10/57

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3432 CERTIFICATE OF DEATH

								فكالنب إنجاب المساور	-11
1. PLACE OF DEATH a COUNTY	0	3	MARYLA	MD			eased lived. If in: b. COL		nce before admission)
L CITY OF TOWN US	o Georges	te write	c. LENGTH OF STAY IN			yland		FF]	ince George
RURAL and give near	rest lown)	is, with	C. LENGTH OF STAT IN	116		_	orporate limits, wi	inte KUKAL ond	g ve nearest town)
d NAME OF HOSP TAI			3 days		% Chapel				
OR INSTITUTION					d STREET ADDRE				e, IS RESIDENC
Prince Geo:	rges dener	al Ho	ospital		1445 58	Avenue	•		YES NO
3 NAME OF DECEASED (Type or print)	Elms		Middle	(	Cooper	4. DA		Month rch	Day Year 5 19 5
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED		B. DATE OF BIRTH		9 AGE (In y		TYEAR IF UNDER 24 H
Female	Negro	WIDOWE	D DIVORCED		11/7/09		lost birthd	Joy) Months	Days Hours Mi
100 USUAL OCCUPATION	Give kind of work	done 10b.	KIND OF BUSINESS OR	INDUS	TRY 11 BIRTHPLACE	(State or foreig	an country)	12 CIT	TIZEN OF WHAT COUP
Housevile  13. FATHER'S NAME	g life, even it refired	<u>'</u>			11	L'			United Sta
					14. MOTHER'S MAIL				
	Boston Spa			i m	Laura F	ranks			
15 WAS DECEASED EVER	IN U. S. ARMED FOR yes, give war ar dates of s		SOCIAL SECURITY NO.		FORMANT			Address	
				وأنبا	illiam C	ooper	Husban	d Addi	ress Same
		use per lyn	e far (a), (b), and (c).]			_	0		INTERVAL BETWEE
PART I. DEATH	f WAS CAUSED BY: MMEDIATE CAUSE (o	,	centi	/	Diel	e	dun	4	ONSET AND DEAT
4-20.0	DUE TO		Per	1	0	,	11 1	)	
Conditions, if any	, which ) (b	, C	Min	5	cline	> /2=	AH	8-6-	
gave rise to im	mediale (								
Couse (o), stating the lying couse lost.	under:	)							
Z PART II. OTHE			ONTRIBUTING TO DEM	HUTI	NOT RELAJED TO THE	TERMINAL DIS	EASE CONDITION	N GIVEN IN PAR	T Hol 19. WAS AUTOJ
PART II. OTHE	1.111	als	ile 11	11	Mela	_			PERFORMED YES TO NO
200. ACCIDENT WAS	UNDERLYING []		RIBE HOW INJURY OCC	URRED	(Enter nature of inity	ry in Port Lor	Part II of item 18		TISE NO
OR CONTRIBUTING E	CAUSE OF DEATH				(2000) (1000) 01 (10)	.,		"	
\$ 20c. TIME OF INJURY		or 20d IN	JURY OCCURRED 20	e PLA	CE OF INJURY (Home	form 20f	Cibe or town)		County) (51
Hour o.m.	19	While	Not while	foct	ory, street, office bldg	)., etc.)	city or lowing	10	County) (S1
			at work		#A	25			
21. I certify tha	l attended the	decease	d from March	2	, 19 59, to			59, that L	last saw the dece
alive on Marc	h b	1259	, and that d	eath	occurred at 5	20P M, f	rom the caus	es and on t	he date stated ab
//n	0 5	. 1	71/50			ADDRES	\$ {Street, city or t	own, store)	DATE SI
SIGNATURE	Alex-	4 /	1000	h	(D. <u>55</u>	10 9	30/5/3	0 114V	ecc 43/6/
PHYSICIAN'S NAME (Type)									
220 BURIAL CREMATION	226 DATE THEREC	F ,	22c. NAME OF CEMETE	RY OR	CREMATORY	22d LC	CATION (City, to	wn, or county)	/ (State)
REMOVAL (Specify)	3-8-1	223	il money	1.	200.5	it	1 1 Grant	. /	N.C
23 FUNERAL DIRECTOR'S	SIGNATURE ')	1	ADDRESS	-	240.	REC'D BY RE		REGISTRAR'S SIG	GNATURE
1 of curry of 11	the for 11	1 1	C//V .27	1	L( )	MAR 1	0 '59	Column .	8. Trava



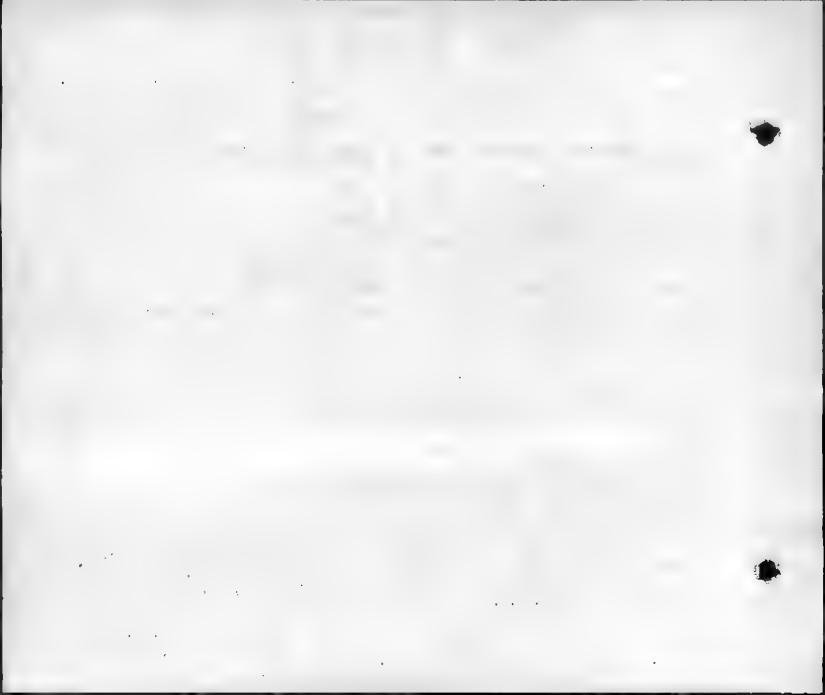
VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

3433 CERTIFICATE OF DEATH

L.	9.40	**							Reg. Di	st, No.		
1.	PLACE OF DEATH			2	USUAL RESIDENCE (	Where dec	eased lived	. If instituti	on Residen	ce before	odmiss on)	
П	o COUNTY Prince Georg	es	MARYLAND		STATE Mart	rland		b. COUNTY	Prince	e Geo	orres	
	b CITY OR TOWN (If outside corporate limits, wr		TH OF STAY IN 16		c. CITY OR TOWN (I	f outside c	orporote li	mits, write R	URAL ond	give neare	est fown)	
П	RURAL and give nearest town) Choverly	10	0 days	1	Colmar Ma	nor						
	d NAME OF HOSPITAL (If not in hospital, give st		<u> </u>		d. STREET ADDRESS	1401				e	IS RESIDEN	NCE
	OR INSTITUTION Prince Georges Genera	1 Hosni	ital		4318 Newto	m St	raet				YES TO NO	
3	NAME OF First		Middle	U .	Los!	4. DA	TE	Mor	vila .	Day	Yeor	
	DECEASED (Type or print)			п	aros	OF DE	ATH	March	24	,		59
5		MARRIED   N	IEVER MARRIED	7	ATE OF BIRTH		9 AC	GE (In years		1 YEAR	F UNDER 24	
П	R _ WID	OWED T	DIVORCED [7]	1	1/22/88		lo	t birthday)	Months	Doys	Hours 1	Min
10	USUAL OCCUPATION (G ve kind of work done		BUSINESS OR IND			ite ar forei		V	12. CI	IZEN OF	WHAT CO	UNTRY
	during most of working life, even if retired)	Own	Home		Italy				17.		Stat	
13	HOUS OWN TO			14	MOTHER'S MAIDEN	NAME				and S	JUGEL	05
	Vriaggio Tonon				Uı	nknow	'n					
15	WAS DECEASED EVER IN U. S. ARMED FORCES?	16 SOCIAL S	ECURITY NO. 17.	INFOR				Add	ress			
(Y	(If yes, give wor or dates of service)			n	0							
F	1B. CAUSE OF DEATH   Enler only one couse p	ne line for tel		Rom	Donovan	a	aught	er A	ddres		VAL BETWE	C C L c
ı	PART 1. DEATH WAS CAUSED BY:		22000	_						ONSE	T AND DE	ATH
	'54X DUE TO	0	- Bordon Carles	-	2,5							
П		() 1	1		m	12 7	P.	10-1	1			
Н	Conditions, if ony, which (b)	ne	ector c	uze	in	161	14 /	un	Ling			
	cause (o), stating the under-											
z	PART II. OTHER SIGNIFICANT CONDITIO	NS CONTR BU	TING TO DEATH B	II NOI	PELATED TO THE TER	MINAL DIS	EASE COL	IDITION OF	/ENI INI DAD	T 1/a) 19	WAS ALT	OPSY
CERTIFICATION	TAN III O'NEK GO'NI (CAN CONDING	A CONTROL	***************************************		THE TO THE TEN	WINTER DI	ICAGE COT	1011101101	TEN WY I AK		PERFORME YES NO	D?
CERTIF	200 ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER]	DESCRIBE HO	W INJURY OCCURI	RED. (E	nter nature of injury i	in Port 1 or	Port II of	item 18.)				
MEDICAL		od. INJURY OC		PLACE (	OF INJURY (Home, fo	ırm, 20f	(City or to	wn)		County)	(	(Stoře)
WED.			while vork	rescrory,	street, office bldg., a	erc.j						
	21. I certify that I attended the dec	eosed from	March	14	, 19 59, ta_1	Larch	24	10 5	9 that I	last say	u the de	CARLOC
П	alive on March 24	9 59	and that dea	th oc	urred at 2:50	DP M	from the	COURAL (	and on t	he dote	stated a	ahava
П		11						city or lown,				SIGNED
П	SIGNATURE ELLENT	1/10	TELL	_ M.D	5	0 Mad			7.6	far.2	5. 19	59
		1		_,,,,,,								
	NAME (Type) Albert Roth, M.	D. \		_	ALV	erdal	₩(	1.				
22	BURIAL CREMATION, 226 DATE THEREOF		ME OF CEMETERY	OR CR	MATORY	22d. L0	CATION	(City, town,	or county)		(Stote)	
	Burial 2/27/59	Mt	Olivet	Сен	etery			gton				
23	FUNERAL DIRECTOR'S SIGNATURE	ADI	DRESS			C'D BY RE	GISTRAR	245 REGI	STRAR'S SI	GNATURE		
	F. Gasch's Sons H	yattsv	ille, Md		DATE	MPR 1	'59	Ci	L pully	. Thease	A	



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may be retained by the hasp tall ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director page 3 should detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 1 and 1 had be filled with the registrar prior to burial, cremation, ar removal, and in any event within 72 hagurance death.

VS A15 (4) 15M 10/57

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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	()	113	1134	41343	03425

		34	34	CERTI	FICA	IE OF L	EAIF	1		Reg. Dist.		O T. W.)
ī	PLACE OF DEATH					2 USUAL RESI	DENCE (Wh	ere deceased	lived If institut		before adm	usion)
	Prin	tce Georges		MARY	LAND		Maryl	and	b. COUNTY	Princ	e Geor	rges
П	b. CITY OR TOWN (I RURAL and give no	If autside corporate lim earest town)	ils, wale	c. LENGTH OF STAY	IN 1b	c. CITY OR 1	TOWN (If o	ulside corpor	ate limits, write f	URAL and giv	e nearest to	wn)
	hove	erly		12출 hour	8		verly					
	OR INSTITUTION	AL (If not in hospital, i	*	·		/ d STREET A	DDRESS				e IS RI ON	A FARM?
L		orges Gene	ral B	ospital		2329 B	<u>ellvi</u>	ow Ave	•		YES	NO D
3	NAME OF DECEASED		rsi	Middle		Las	J	4. DATE Of	Mor	nth	Doy	Year
L	(Type or print)	Allen		В		avies		DEATH	Var		4	19 59
5	SEX	6. COLOR OR RACE	1	ED A NEVER MARRI	-	. DATE OF BIRTI	H		9 AGE (In years lost birthday)	Months D	YEAR IF UNI	
-	Male	White	WIDOWE	h-d		9/15/	03		55 yrs			
I,		king life, even if relired	3) <u>E</u>		G G		sylva	or foreign co	untry			AT COUNTRY?
1	LIN 3. FATHER'S NAME	leman		Telephone	٥.					Un	ited S	States
ď		n Davies				14 MOTHER'S						
-	S WAS DECEASED EVE		CES2 14 6	SOCIAL SECURITY NO	12 161	FORMANT	e Mar	saen	A.4.1	ress		
		(If yes, give wor or dates at		SOCIAL SECORITY NO			TAT -			_		
-	Tin Cause of ore	no		f after high high		Martha	W11		Address	Same		
Н		ATH [Enter only one co	ouse per lin	e (41 (0), (0), and (c).	34	100.	1-1	1-	to		ONSET AN	DENTH
	420.0	IMMEDIATE CAUSE (	A	selmo	- //L	10 Cara	rae -	mes	remon,		29	The same
	Conditions, if o	DUE TO	' /L		. 4	h. ass	line	> 1	ante	_	71	Loffe
	gove rise to it	mmediate (	/	The state of the s	- V	A A	1	11	15	_		2 11-
H	lying couse lost.	the <u>under-</u>	11	Merke	SAS	ante	a. /	lears	DISE	are		,
lâ	PART IL OTH	HER SIGNIFICANT CON		ONTRIBUTING TO DE	ATH BUT N	OT RELATED TO	THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART 1	(o) 19 WAS	S AUTOPSY
1 2	3										PERF YES [	ORMED?
ACITA TION TO STORY	200. ACCIDENT WA	S UNDERLYING CO CAUSE OF DEATH MEDICAL EXAMINER	20b. DESC	RIBE HOW INJURY O	CCURRED.	(Enter noture o	f injury in P	ort I or Part	II of item 18.)			
		MEDICAL EXAMINER										
A CEDICAL	20c. TIME OF INJUR	Y Month, Day, Ye		JURY OCCURRED	20e PLA	E OF INJURY (	Home, form,	20f. (City	ar fown)	(Coi	unly)	(State)
445	p m.	19	While of work	Not while	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1	r orage, ere.	1	1			
П	21. I certify th	at 1 attended the	decease	d from	Dr.	4 1959	, ta	mar	4 195	that I la	st saw the	e deceased
	olive on Mar	oh 4	19.5	and that	death	accurred at	9 P	_M. fram	the causes			
		1.1-01-5	44	J'''	44)			ADDRESS (SI		stope)		DATE SIGNED
	SIGNATURE	Milliam 1		essou	<u> </u>	D. 52	104 a	unas	zolia.	Troop	*	
L	PHYSICIAN'S	D			V	Z	10 0			Tr	1	7
	NAME (Type)			M.D.			may	ush	urg, 1	nary	rank	
2	REMOVAL (Specify)	N. 226. DATE THEREC		22c NAME OF CEM					ON (Cly, lown,		(Sto	ote)
-	The part of the pa		9	Philade	Iphi	a			sylvani			
23	F. Gasch!		lva++	ADDRESS Sville Md			l Mi	AR 9 'S	-0	STRAR'S SIGN		
	- I dascii	P AOITO 1	yatt	sarrie Ma	•		DATE ""	11.1		bothun S.	Though	



VS A1S (4)

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 

										Made Austr	110.	
		PLACE OF DEATH	rince Georg	e	MARYLA	4D	2. USUAL RESIDENCE (Who o STATE Mary	land	b, COUNTY	_	before admission) Geo.	
	ī	RURAL ond give n	If outside corporate limited rest town) t Heights	ts, write	c. LENGTH OF STAY IN	16	e CITY OR TOWN (If or	rest H				
1	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 339Cree Dr. S.E.						/d STREET ADDRESS  339Oree Dr. S. E.  4. IS RESID					
		NAME OF DECEASED (Type or print)	BLAN		Middle B •		DENSINGER	4. DATE OF DEATH	Mont Mar.		Day Year 1 19 59	
	S. S	Female	6. COLOR OR RACE White	7. MAR	RIED NEVER MARRIED	_	March 30, 19	01	AGE (In years last birthday)  57 yrs.		YEAR IF UNDER 24 HRS  Oys Hours Min.	
	10a	USUAL OCCUPATION of work U. S. Go	king life, even if retired	dane 10b.	. KIND OF BUSINESS OR II	NDUST	IRY 11. BIRTHPLACE (Slote of D. C.	or foreign cour	ifry)	12, CITIZI	EN OF WHAT COUNTRY?	
	13.	FATHER'S NAME					14. MOTHER'S MAIDEN N	AME				
7			Michael B.	Insc	coe		Anni	e E. M	ann			
	15 {Yes	WAS DECEASED EVE	R IN U. S. ARMED FOR (1) yes, give wor er dotes of s	CESP 16.	SOCIAL SECURITY NO.		ormant arles L. Dens	inger	Addr 3390re		S.E.	
		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)]  PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Malnutrition.  ONSET AND DEATH  Conditions, if ony, which gave rise to immediate cause (o), stoting the under- touse (o), stoting the under- touse (o), stoting the under- touse (o), stoting the under-										
3	ATION	lying couse last 10 VTI MATY CAYCIN MA COIM										
	CERTIFICATION	20a ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	SCRIBE HOW INJURY OCCU	JRRED	. (Enter noture of injury in P	art I ar Parl II	of item 18)		Randy Guape	
	MEDICAL	20c. TIME OF INJUI Hour a.m. p. m.	RY Month, Day, Ye 19	While	Not while	e PLA fact	CE OF INJURY (Home, form, ory, street, office bldg, etc.)	20f (City or	lown)	(Coo	uniy) (State)	
			nat I attended the red 27		sed from Nov. 16 59, , and that de	eath	occurred of 4 +	M, from DDRESS (Street	27, 1959, the causes at the city or town, a Drive	nd on the	st saw the deceased date stated above 3/27/59	
,		PHYSICIAN'S NAME (Type)	Dr. Etienn	e Sz	ollosi		No. 2 Par	kway D	r. Fores	t Hei	ghts, Md.	
	١,	BURIAL CREMATIC REMOVAL (Specify Burial	Mare 30,		22c. NAME OF CEMETER 9 Cedar Hi		3		tland, l		(State) nd	
	23	EUNERAL DIRECTOR	'S SIGNATURE		ADDRESS		240. REC'D	BY REGISTRA		TRAR'S SIGN		
,	7	Emmers T	Saco Wa	shin	ood Hope Rd.	, S	DAMAR	3 0 '59	Cith	un 8 th	and.	



Page



requires that the death certificate be executed within 24 hours after death. Page 4

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03428

	6575	CEKTIFICAT	E OF DEATH	Reg.	Dist. No.
	1 PLACE OF DEATH O. COUNTY PINCE GEORGES	** * ****	USUAL RESIDENCE (Where o STATE	e deceased fived H institution; Residue 6. COUNTY	
1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If out	side corporate limits, write RURAL or	nd give nearest lawn)
	d NAME OF HOSPITAL (If not in hospital, give street of NASTITUTION	3 100 RS	SUITLANE, d STREET ADDRESS	7	e. IS RESIDENCE
	USAF HOSPITAL AND	REWS !	5220 MEAD	ow BROOK DRIVE	YES NO 1
	3 NAME OF DECEASED (Type or print) ROBERT	Louis 1	DIXON	DEATH MARCH	Day Year 4 4 1959
	6. COLOR OR RACE 7. MARRI	7.3	DATE OF BIRTH		ER 1 YEAR IF UNDER 24 HRS
	10a USUAL OCCUPATION (Give kind of work done 10b. t during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY		foreign country) 12.	CITIZEN OF WHAT COUNTRY?
	A IRMAN		WEST	iRG: NIA	USA
H	william Dixen		Eliza	MANDEAND	
	(Yes no or unknown) ; (if yes, give war or dates of service)	OCIAL SECURITY NO 17. INFO		Address	
	18 CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)				INTERVAL BETWEEN ONSET AND DEATH
1	98/X DUE TO	to Cit			0300
	Conditions, if ony, which } (b)	temorrhas	2		0300
	gove rise to immediate cause (a), stating the under-	3-SW Ab	domen		0620
	PART II OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINA	AL DISEASE CONDITION GIVEN IN P.	PERFORMED?
	E TON CONTRIBUTION EL CAUSE OF BEATH	RIBE HOW INJURY OCCURRED. (I			AliBER PISTES
	20c. TIME OF INJURY Month, Day, Year 20d. IN.	JURY OCCURRED 20e PLACE	OF INJURY (Home, form, y, street, affice bldg., etc.)	20f (City or town)	(Caunty) (State)
ı		of work   Hon	1		es à conges MD.
ı	21. I certify that I attended the decease alive an 4 March, 1950	d fram 0436 4 1910 Ac	Coursed at 0620	M, fram the causes and an	I last saw the deceased the date stated above
	ACTUAL SIGNATURE OLICIPE OF	· leop Mo		DRESS (Street, city or town, state) $91=(mc)$ , USAFH	DATE ALGNED
	PHYSICIAN'S PHILLIP R. COX	. /	Was	sh. 25, Da	
	220 BURIAL, CREMATION, 226 DATE THEREOF SEMOVAL (Specify) MARCH 6 1939	220. NAME OF CEMETERY OR CE	REMATORY 22	Ed. LOCATION (City, lown, or county)	) // (State)
	23 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS (7)		Y REGISTRAR 246 REGISTRAR'S	SIGNATURE
	KINALDI TUNERAL HOME	816 H St., N.E.	DATE MAR	6 '59 arthur.	S. Hinera

may be retained by the haspital ar attending physician.

TO FUNERALT PLECTOR: After this certificate has been signed 3 shaped be detached for use as the burial-transit the registral prior to burial, cremmion, memoval, and TO HOSPITAL OR ATTENDING PHYSICIAN: The law



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 3435 Rea, Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) **b.** COUNTY b COUNTY Prince Georges a. STATE Prince Georges MARYLAND b CITY OR TOWN (if outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Cheverly Mt. Rright Rainier d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Prince Georges General Hospital YES NO T 4133 34th St. NAME OF 4. DATE DECEASED (Type or print) Samuel Elliott DEATH March 19 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 1 8 DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost & (Ibdoy) Months Days White Male WIDOWED TH DIVORCED [7] 100 USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) Retired 13. FATHER'S NAME 15 WAS DECEASED EVER IN U S ARMED FORCES? INFORMANT 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which ) gave rise to immediate **DUE TO** couse (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19, WAS AUTOPS PERFORMED? 1 611/401/6011 1000 YES NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Haur a.m. factory, street, office bldg., etc.) While Not while at work at work p. m. \_59, and that death accurred at 2,15\_M from the causes and on the date stated above. ADDRESS (Street, city or town, state) M.D. \_\_\_ 5510 Madison-Str Riverdale, Md. Dr. Albert Roth. NAME (Type) 220 BURIAL CREMATION. DATE THEREOF 22c NAME OF CEMPTERY OR CREMATORY 22d LOCATION (City, fown, or county) (State) FUNERAL DIRECTOR'S SIGNATURE 246 REGISTRAR'S SIGNATURE REC'D BY REGISTRAR 15M 10/57





22c. NAME OF CEMETERY OR CREMATORY

ADDRESS

LINGTON NATIONAL

(Stole)

Rea. Dist. No. 2 USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) NCE GEORGIES c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) IS RESIDENCE ON A FARM? MYE YES | NO [X 4. DATE Month Day Year OF DEATH 195 P. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months 12 CITIZEN OF WHAT COUNTRY? U.S.A. 14 MOTHER'S MAIDEN NAME SPINE RUCHAEL Address OFFICIAL RECERDS INTERVAL BETWEEN ONSET AND DEATH 5um PERFORMED? YES NO | 20s. PLACE OF INJURY (Home, form, 20f (City or town) (County) (State) , 1959, to March 8 ... 19 1, that I last saw the deceased , and that death occurred at 164) M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED

22d. LOCATION (City, lown, or county)

240. REC'D BY REGISTRAR

LINGTON

24b REGISTRAR'S SIGNATURE

VS A15 [4]

NAME (Type)

220 BURIAL CREMATION, 226 DATE THEREOF

23. FUNERAL DIRECTOR'S SIGNATURE



VS A15 (4) 15M 9/55

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3481

**CERTIFICATE OF DEATH** 

03432 Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY  PRINCE GEORGE MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a STATE BUILDING B. COUNTY Po Geo
b. CITY OR TOWN (If autside corporate limits, write   c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
RURAL and give nearest town)	X Ten -10 1/1/5
d NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS . IS RESIDENCE
OR INSTITUTION	ON A FARM?
3/30- FISHER Kd. JE	5/30 - 1-15 here 1(d, ) E YES   NO   NO
3. NAME OF First Middle	4. DATE Month Day Year
(Type or print) HNNIC J.	GARDINER DEATH MAR. 17 1959
5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months Days Hours Min
Female wildowed Divorced	JAN. 26-1885 74 yrs. Months Doys Haurs Min.
100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole or foreign country) / 12. CITIZEN OF WHAT COUNTRY?
during most of working life, even if retired)  HOUSE WIFE	Fr. C. 11.5A
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
Tames Gainely	La same Must a
15. WAS DECEASED EVER IN U. S. ARMED FORCES 16. SOCIAL SECURITY NO 17.	NFORMANT Address
(Yes no er unknown) ; (If yes, give wor or dotes of service)	= 110 Fisher Kd
	DAMUEL h G-HADINER WASH 22 DE SIE
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (g) ]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) YE TASTA	Carcinoma osis Luke
157X DUE TO	
Conditions, if any, which ) the CONTRAL	at head at lancreas unknown
gave rise to immediate	The second secon
twine court last	
2 (5)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
A / see 0	PERFORMED?
20. ACCEPTATE WAS UNIDEDIVING ET 120. DESCRIBE VOWER IN 18V OCCURRE	D. (Enter noture of injury in Port I or Part II of item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter notice of injury in Port Cor Politic of Helicits.)
	ACE OF INJURY (Home, farm, 20f (City or lown) (County) (State) ctory, street, office bldg., etc.) !
Hour a. m.    While Not while   Population   Not while   Not work   Not work	Cory, since, once mog., en
	2/12 20/3 1111
21. I certify that Lattended the deceased fram	19.5 to 19.5 7, that I last saw the deceased
alive on 1957, and that death	
ACTUAL CO 1	ADDRESS (Street, city or lown, stote) DATE SIGNED
SIGNATURE STANT.	MD. 62412162 Charles Ka 3/17/19
PHYSICIAN'S 111 TI OMA	
NAME (Type) 4057 Lypn // Ly	
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY C	OR CREMATORY 22d LOCATION (City, town or county) (Stote)
Buries 3-20-59 Washington	nott. Suttand md
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR S SIGNATURE
Summons Bros. 1661-6000 May	DATE MAR 1 9 '59 Couldness & Known
	Contain 1 Thank



V5 A15 (4) 15M 10/57

**CERTIFICATE OF DEATH** 

			1	}	3	4	ರ	
١.	Dist.	No.						

Reg

4	1, [	PLACE OF DEATH C COUNTY	STATE COUNTY
?		rince Georges MARYLAND	Md. b. COUNTY Dince Geordes
	· ·	L CITY OR TOWN (If outside corporate limits, write   c. LENGTH OF STAY IN 1b   c.	CITY OR TOWN (If outside carporate limits, write RURAL and give nearly town)
		RURAL and give negrest town!  NURSE - Holdsthi 3 wh	Callede Turk
	0	OR INSTITUTION	STREET ADDRESS   e. IS RESIDENCE
!	7	Trin Branch Nursing Home	4511 Knox Rd. YES NO. NO. A FARM?
	3 1		
		(Type or print) Annu Lunoxi'u 8/1	Losi OF Month Day Yeor 9
		11/1/100 1000 01 01/06 4/10	E OF JIRTH 9. AGE (In years   JF UNDER 1 YEAR IF UNDER 24 HRS
	1	Female 11/1/2 WIDOWED DIVORCED 7	last birthdoy) Months Doys Hours Min
į	10a		18 BIRTHPLACE (State or Foreign country) 12. CITIZEN OF WHAT COUNTRY?
		during most of working life, even if jetired)	This is the country of the country o
	12	Acmemarker OVA TONE	Unio - Columbus 21,0.7.
	1.3.	7. 1 / T. 100 1/1 /	MOTHER'S MAIDEN NAME
		Janiel James Millineh	"laveriel Elizabeth Scholfield
-		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORM	Address
		no none Nur	sind Home Necords
		18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
		PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (0) CECEBRAL VAS	CULAR ACCIDENT I MONTH
		33/X DUE TO	
		Conditions, if any, which ) (b) ADVANCED ART	ERIO-SCLEROSIS ? YEARS
		gave rise to immediate Cause (a), stating the under:	
		lying cause last. (c)	
	Z O	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R	ELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
}	CAT	3	PERFORMED?  YES □ NO 📆
	CERTIFICATION	200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (End. OR CONTRIBUTING   CAUSE OF DEATH	r nature of injury in Part ( ar Part II af item 18 )
	1		
	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF	INJURY (Hame, form, 20f. (City or town) (County) (State)
	贸	Hour a.m.  While Not while factory, st	rest, office bldg., etc.)
			1957, ta 3/5 , 1959, that I last saw the deceased
	- 1		
		dive on, iz 21, and that death occu	rred at/1228/2M, from the causes and on the date stated above.  ADDRESS (Street, city or town, state)  DATE SIGNED
		ACTUAL Social Mondel	1-
		SIGNATURE M.D	4506 COLLEGE AVE 3/6/59
	_	PHYSICIAN'S C, LOUIS MENDEL	COLLEGE PARK Md
		220. BURIAL, CREMATION, 226. DATE THEREOF 22c NAME OF CEMETERY OR CREM	
	er.	ransportation 3/6/59 Eaton	AATORY 22d LOCATION (City, tawn, or county) (State) Ohio
		3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
		F. Gasch's Sons Hyattsville Md	
Į		- Canonia Vino and Canonia Can	DATE MAR 9 '59 arthur S. Kraus

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1			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
FOR 61	LATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH
FOR STATE HEALTH DEPT.			Reg. Dist. No.
8 8 E		1. "	2. USUAL RESIDENCE (Where deceased lived 11 institution Peridence before admission)  o. STATE  b. COUNTY  b. COUNTY  c
Page les.	31	<b>1</b> 6	CITY OR TOWN IT OUTSIDE COPPORTED LYNN OF STAY IN 16 - C CITY OR TOWN (If outside corporate limits, write RYRAL and give represt town)
day.	-		Horathing elle Candon arrand X la 1 4 21 m as I for
firec		d	NAME OF HOSPITAL OR INSTITUTION (If not in hospital of ve street address)  d. STREET ADDRESS.
and by and	*		4736 Bellemal Cart VES NO P
role form			NAME OF First Mode Lost 4 DATE Month Doy Year
y de le re		(	Type or print) Tandalph Harry Galdsmith DEATH Mench 16 1957
If and it is a soft soft soft soft soft soft soft soft		5. \$	(on bushary) Months Done Hours Min
72 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		10	CONTRACTOR MIDOWED DIVORCEDUL Y. Fab 28, 170 Sq yrs.
deo 2. o 99e 72	1	d d	wing most of working life, even if refired)
五十二十二年		13.	FATHER'S NAME
PAK PAK Pogg			John Goldsmith ala Williams
4 ho			WAS DECEASED EVER IN U. S. ANNED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT
in 2 in 2 in 2 in 2			nd gybinhown) (11 yes, give wdy fr dates of envires) Mrs Beryl Poates (124-13th)
e de la companya de l			18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]
the of th		Н	PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Capalanta
Hong Free Free Free		Н	729.8 DUE TO / C.
Sence Sence	V		gove rise to immediate cause (b)
in in particular			(e), storing the underlying DUETO
ng. romi		3	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART TO 19, WAS AUTOPSY
endire endire sel Es		ATK	PERFORMED? YES NO
Perilips of the second of the		THER	200 EXTERNAL CAUSE WAS PRIMARY (3) OF CONTRIBUTING (1)  20b DESCR BE HOW INJURY OCCUPRED (Enter noture of injury in Part I or Part II of item 18)
word * Maria cyld		1 CE	CAUSE OF DEATH. I revened in Western french & Perludent
The The Chie		EDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, Tarm, 20f (City or town) (County) (State)
ing the the	4	ME	p.m. 19 of work of work of Kiner What the the
AAM			21. I certify that I took charge of the remains described above, held on Autopsy []. Inspection [] Inquiry [], and in my
ote, ote, rded			opinion death resulted from: Natural causes []. Accident []. Suicide [], Homicide []. Undetermined manner []
Name of the last			ACTUAL CHIEF MEDICAL EXAMINER [] DATE SIGNED
A Pundana		Н	SIGNATURE ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER
design A	2		EXAMINER'S DEPUTY MEDICAL EXAMINER March 16,1991
should its		220	BURIAL CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stota)
0 4 4 0 9		E	Burial 3/19/59 St. Paul's Cem: Baden Maryland
VS A15ME		1	FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 246. REC'D BY REGISTRAR'S SIGNATURE PARE MAR 2 0 '59  Colon of the state of t
5M 2757			Ritchie Bros. Upper Mariboro, Ma. DATEMAR 20'59 Carilar & Finale



FOR STATE HEALTH DEPT

03e 39e 1(h,

<u>0</u>	execute the certificate, writing the word "pending" in pencil in Item 18 Give Pages 1, 2, and 3 to the funeral director. Pr	4 shauld be 'Agarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your file	B	
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9	Fe	90	20	6
G	#	80	Suc	O
H	15	吳	1	Ē
20	5	25	grie a	1
05	.E	ner	CTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State [	r its designated agent, priar to boriol, cremotion, or removal, and in any event within 72 hours after death.
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3-			jan.	
as 3 10 DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessary, ple	M.	151	ME 7	

		MARTLAND 5	IAIE DEPAKIME	NI OF HEALI	H-BALI	IMORE,	18	03435			
		SATMEDICAL	L EXAMINER'S	CERTIFICA	TE OF D	EATH	Reg. Dist. No	17			
•	7. 6	PLACE OF DEATH C. COUNTY Prince George	MARYLAND	2. USUAL RESIDENCE (SOLUTION OF STATE D.C.	Where deceased			ore admission)			
	H	ond give necrest lown)  yattaville	c. LENGTH OF STAY IN 16	D.C.	f outside corpore Donald F	ate I mits write					
			Sacred Heart Home	1523 22nd	St. N. V	V.		ON A FARM			
	(	NAME OF S. CIE STORY (S		OODING	4. DATE OF DEATH	March	28	Yeor 19 <b>59</b>			
		Female White WIDOWED	DIVORCED   2	July 1874		AGE (in years lost bythday) 84 yrs	Months Days	Hours Min			
	d	. USUAL OCCUPATION (Give kind of work done low KI luring most of working life, even if retired)	ND OF BUSINESS OR INDUSTR	Washi	ngton,	D,C.	U.S	•A•			
	13.	John Montgomery		14. MOTHER'S MAIDEN I							
	15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16 S	OCIAL SECURITY NO. 17. IN		orney	Address					
	(Yes.	NO (if was, give war or dates at service)	ecords of Sa	acred He		e					
	7.	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) ]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Conditions, if any, which gove rise to immediate couse (a), stating the underlying (couse lost.  (c)  PART II OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19, WAS AUTOPSY									
CFRTIF	CERTIFICATION	Senility PERFORMED? YES NO L									
	MEDICAL	Hour o. m. While	Not while at work	E OF INJURY (Home, form ry, street, office bldg , etc	n, 20f. (City or	lown)	(County)	(Stote)			
		21. I certify that I took charge of the remains described above, held an Autopsy No Inspection X, Inquiry X, and in my opinion death resulted from. Natural causes X, Accident , Suicide , Hamicide , Undetermined manner   ACTUAL  SIGNATURE  M.D. CHIEF MEDICAL EXAMINER  DATE SIGNED									
人と、		EXAMINER'S John T. Maloney,	M.D. (	ASSISTANT MEDIC DEPUTY MED CAL		Marc	h_28, 1	959			
		BUTIAL CREMATION 276. DATE THEREOF PERMOVAL (Specify)  BUTIAL 1 1959  FUNERAL DIRECTOR'S SIGNATURE	PORT LINE OF CEMETERY OR C	ohn	D BY REGISTRAN	N (City, town, o	TRANS SIGNATUR	Md.			
		Lee.Funeral.Home 300.2	1 4 5 4 37 50 1	D.C. DAMAR	31 '59		on S. Knows				

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

s. • • • •

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FOR STATE HEALTH DEPT.

fairector. Page focyour files.

AL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary places (cale, writing the word "pending" in penal in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page urded to the Chief Medical Examiner's Office along with form PM3. Pages 3 may be retained for your files. CTOR: Page 3 should be used as a burial-transit permit. File pages and 2 with the State (cold Health, agent, prior to bur at, cremation, ar removal, and is any event within 20 had a death.

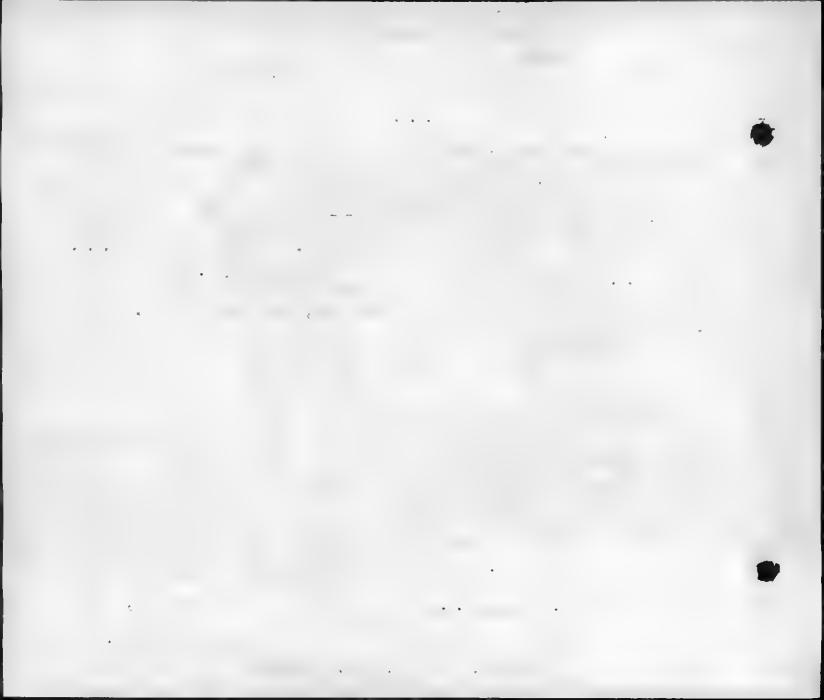
# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03436

PLACE OF DEATH	··· . • • • • • • • • • • • • • • • • •		-	The metter comments		
<ul> <li>COUNTY</li> </ul>	D				Where deceased lived. If institution	
5001111	Prince Geo	rges	MARYLAND	o STATE Mar	yland b county	Prince Georges
b CITY OR TOWN (	f avis de carporate limits writernj	PURAL C LE	ENGTH OF STAY IN 16	c CITY OR TOWN (H	outside corporate limits, write RL	JRAL and give nearest town)
	Cheverly		D.O.A.	X Ken	tland	
d NAME OF HOSPI	TAL OR INSTITUTION (	finat in haspital, p	give street oddress)	d STREET ADDRESS		e IS RE" DEN ON A FAR
Prince Ge	orges Gener	al Hospi	tal	7602 H	awthorne_Street	YES NO
NAME OF DECEASED (Type or print)	Firs	it ne	Middle	Lost	4. DATE Month OF DEATH Margan	Doy Year
	Myra	Ma	A	odman	Mar CII	29 19 5
5. SEX	6 COLOR OR RACE	, WAKKIED	NEVER MARRIED . 6	DAIL OF BIRTH	fine for the day of	FUNDER TYEAR IF UNDER 24 Aonths Days Hours Min.
Female	white	WIDOWED T	DIVORCED 🗍	6-8-78	80 yn	Pult Hours Min.
00 USUAL OCCUPATI	ON (G've kind of work of	ione 105 KIND C	OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE (Stote	or foreign country)	12 CITIZEN OF WHAT COUN
5.0	ng life, even if retired)			Diet. of	Columbia	U.S.A.
None 13. FATHER'S NAME				14. MOTHER'S MAIDEN N		0 40 414
	Boteler				hemena Miller_	
15. WAS DECEASED EN	VER IN U. S. ARMED FOR		L SECURITY NO 17.	NFORMANT	Address	
No	(		Rt	th Rudy, sam	e address as #	2.
	LTH [Enter only one cou	se per line for (a)				TINTERVAL BETWEEN
1	TH WAS CAUSED BY:	so per ime ior (o).			0 43	ONSET AND DEATH
1,00	IMMEDIATE CAUSE (0)		Acute conge	stive heart	lallure	
1442X	DUE TO					
Conditions, If	ony, which } (b)		Cardiovascu	ular renal di	sease	
gove rise to imme	diate couse					
(a), stating the	underlying DUE TO					
couse fost.	) (c).				ap. — — — — — — — — — — — — — — — — — — —	
PART H. OT	HER SIGNIHCANT CONE	HTIONS CONTRIB	UTING TO DEATH BUT N	NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIVEN	IN FART 1(0) 19, WAS AUTOF PERFORMED YES NO
200. EXTERNAL CA	USE WAS 20	b DESCRIBE HOW	INJURY OCCURRED (	Enter noture of injury in Por	t for Part H of Item 18 )	
FRIMARY Day CO	NTRIBUTING []		,			
CAUSE OF DEATH		Tag I was to				
	184		LOCCUPATO TO	de est same	The second secon	
				CE OF INJURY (Home, farm ory, street, office bldg., etc.	20f. (City or lown)	[County] (Sta
		While	OCCURRED 20e. PLA Not while at work	CE OF INJURY (Home, farm ory, street, office bldg., etc.	n.   20f. (City or lown)	[County] (Sta
20c. TIME OF INJU	19	While of work	Not while fact of work	ory, street, office bldg., etc.	7	
20c. TIME OF INJU- Hour o. m. p. m. 21. I certify t	hat I taak charge	of the rema	ot wark are described aba	rve, held an Autaps	y , Inspection y.	Inquiry 7, and in
20c. TIME OF INJU- Hour o. m. p. m. 21. I certify t	19	of the rema	ot wark are described aba	rve, held an Autaps	y , Inspection y.	
20c. TIME OF INJUMENT OF INJ	hat I taak charge	of the rema	ot wark are described aba	rve, held an Autaps	y , Inspection y.	Inquiry <b>y</b> , and in nined manner
20c. TIME OF INJU- Hour o. m. p. m. 21. I certify t	hat I taak charge	of the rema	ot wark are described aba	rve, held an Autaps	y, Inspection, Homicide, Undetern	Inquiry <b>y</b> , and in nined manner
20c. TIME OF INJU- Hour a, m. p, m. 21. I certify t ap'nian death	hat I taak charge	of the rema	ot wark are described aba	ive, held an Autaps  Suicide ,	y, Inspection, Homicide, Undetern	Inquiry <b>y</b> , and in nined manner
20c. TIME OF INJU- Hour o. m. p. m.  21. I certify t apinian death ACTUAL SIGNATURE EXAMINER'S	hat I taak charge resulted from N	while of work of the remainstrate cause	Not while of wark ins described aba	ory, street, office bldg, etc.  Ive, held an Autaps  . Suicide ., I	y, Inspection,  Homicide, Undetern  (AMINER	Inquiry <b>y</b> , and in nined manner D
20c. TIME OF INJU- Hour o. m., p. m. 21. I certify to apinian death ACTUAL SIGNATURE EXAMINER'S NAME (Type)	hat I taak charge resulted from N	while of work of the remainstrate cause Matural cause Manager	Not while of wark ins described aba	ory, street, office blog, etc.  Ive, held an Autaps  Deficitly and an Autaps  ASSISTANT MEDICAL EXAMPLES ASSISTANT MEDICAL  DEFUTY MEDICAL	y . Inspection .  Homicide . Undetern  (AMINER . AL EXAMINER . March	Inquiry (x), and in nined manner ()  DATE SIGNED
20c. TIME OF INJU- Hour o, m., p. m. 21. I certify t ap'nian death ACTUAL SIGNATURE EXAMINER: NAME (Type) 220. BLRIAL, CREMATIC	hat I taak charge resulted from Manager John T. Manager Manage	while of work of the remainstrate cause Matural cause Manager	Not while of wark ins described aba	ory, street, office blog, etc.  Ive, held an Autaps  Deficitly and an Autaps  ASSISTANT MEDICAL EXAMPLES ASSISTANT MEDICAL  DEFUTY MEDICAL	y, Inspection,  Homicide, Undetern  (AMINER	Inquiry (x), and in nined manner ()  DATE SIGNED
20c. TIME OF INJU- Hour o. m., p. m. 21. I certify to apinian death ACTUAL SIGNATURE EXAMINER'S NAME (Type)	hat I taak charge resulted from Manager John T. Manager Manage	while of work af the remainder a cause Matural cause Matur	Not while of wark ins described about X. Accident	ory, street, office blog, etc.  Ive, held an Autaps	Y . Inspection .  Homicide . Undetern  (AMINER . AL EXAMINER . March  EXAMINER . March  22d. LOCATION (City, town, or	Inquiry (x), and in nined manner (1)  DATE SIGNED  29. 1959  (Slole)
20c. TIME OF INJU- Hour a, m., p, m. 21. I certify t ap'nian death ACTUAL SIGNATURE. EXAMINER'S NAME (Type) 220. BLRIAL, CREMATIR REMOVAL (Specify	hat I taak charge resulted from North Town No. Majon 1226 Date Thereo	while of work of the remainder of the re	Not while of wark ins described aba	ory, street, office blog, etc.  I've, held an Autaps	y . Inspection .  Homicide . Undetern  (AMINER . March  EXAMINER . March  220. LOCATION (City, town, or  Washington	Inquiry (y), and in nined manner ()  DATE SIGNED

A should be to FUNERAL Con its designant 2 VS. ATSME BM 2/57

DEPUTY MEDIT



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE. 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH OR STATE Reg. Dist. No. ALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission a. COUNTY b COUNTY Pr. Geo. files. Heolth, Marvland Prince Georges MARYLAND & CITY OR TOWN ( Foulside corporate limits, write BURAL C. RENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporale limits, write RURAL and give nearest town). 90 Colmar Maner Cheverly D.O.A. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) STREET ADDRESS 3703 Prince Georges General Hospital Avenue 3. NAME OF 4. DATE DECEASED (Type or print) DEATH Goodwin March Francis 6 COLOR OR RACE 7. MARRIED T NEVER MARRIED B DATE OF BIRTH 9 AGE (In years IFUNDER TYPAR IF UNDER 24 HRS Font birthdays Manths | Days WIDOWED [ DIVORCED [ Male February 21, 56 10a, USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? gug during most of working life, even if retired) Utility Nan Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unk. Unk. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, so, or unknown) 1 (if yes, give war or dates of service) Yas 213-16-2945 Leona Goodwin: same address as # FB. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) PART I, DEATH WAS CAUSED BY Acute congestive heart failure IMMEDIATE CAUSE (a) William IN DUE TO Cardiovascular renal disease Conditions, if any, which ] gave rise to immediate couse **DUE TO** (a), sloting the underlying cause lost. PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART [(g)] 19, WAS AUTOPSY 20g EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 at Part II of item 18.3 20d INJURY OCCURRED | 20e PLACE OF INJURY (Home, form, 20c TIME OF INJURY Month, Day, Year 20f. (City or fown) (County) factory, street, office bldg., etc.) Hour a. m. Nat while at wark at wark 21. I certify that I took charge of the remains described above, held an Autapsy . Inspection 17. Inquiry 11 orded | CTOR: opinion death resulted fram. Natural causes 📆, Accident 🗋, Suicide 🗍, Hamicide 🧻, Undetermined manner ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER NAME (Type) DEPUTY MEDICAL EXAMINER John T. Maloney. M.D. 220 BURIAL CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY

3/31/59

F. Gasch's Sons

23 FUNERAL DIRECTOR'S SIGNATURE 4739 Baltomore Ave.

Hyattsville, Md.

IS RES ! NEE ON A FARM

YES NOTE

Year

Haura Min

U.S.A.

INTERVAL BETWEEN CINSET AND DEATH

> PERFORMED? NO N

> > (State)

19 59

DATE SIGNED March 27, 1959 22d LOCATION (City, town, or county) Arlington National Arlington, Va. APR 1 159 APR 1

\$M 2,57



# funeral director, Id be filled with

The filled in by

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3439

### CEDTIFICATE OF DEATH

-0	3	4	3	5
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	0.200	CERTITIO	AIL OI DEAIII	Reg. Dist. No.
1	1. PLACE OF DEATH O. COUNTY Prince George	MARYLAND	O STATE	ed II institution Residence before admiss on] b COUNTY GOOGE
/	RURAL and give nearest town)	LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate	limits, write RURAL and give nearest town)
	d NAME OF HOSP TAL (If not in hospital, give street ad	11 days	Adelphi /d. street Address	e. IS RESIDENCE
	Prince corge General		2008 Erie St	ON A FARM? YES NO D
	3 NAME OF First DECEASED	Middle	Hammier 4. DATE	Manth Day Year
	(Type or print) Henry  5. SEX 16. COLOR OF RACE 7. MAPPIER	L	HANNA R DEATH	March 10 19 59
	5. SEX 6. COLOR OR RACE 7. MARRIED Male White WIDOWED	_	May 5, 189 8	GE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
	100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		STRY IT BIRTHPLACE (State or lareign countr	
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	2377
	Isaac Hammer		Rachel	
	(Tes no. or unknown) / yes, give wor or dates of service)	12-01-766	Herman Harry	mer Calefali-ne
	1B. CAUSE OF DEATH [Enter only one couse per line   PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Conditions, if ony, which gove rise to immediate couse (o), stoling the under- tying couse last.  [c]	or (a). (b). and (c).)	hyperterne	INTERVAL BETWEEN ONSET AND DEATH  1. 1/1/5
5	Arty riegely	150919	NOT RELATED TO THE TERMINAL DISEASE CO	PNDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	206. DESCRI OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DE HOW HOOK! OCCORNE	b. (cale notice of injury in roll 1 of roll 12 of	Them 10.
	20c. TIME OF INJURY Month, Doy, Year 20d INJU Hour o. m. While p. m. 19 While	_ Not white 10-	ACE OF INJURY (Home, form, 20f (City or tory, street, office bldg., etc.)	awn) (County) (State)
	21. I certify that I attended the deceased alive an 3-10 , 1927  ACTUAL SIGNATURE / PHYSICIAN'S NAME (Type) R. D. PIRICER	m.D.	accurred at 1) A. M., from th  ADDRESS (Street,  M.D. 2-13 [],	e causes and on the date stated above city or town, state)  DATE SIGNI
	Bremoval (Specify) 3/11-1959	LEO-WAS	Cernetery De	(City, lown, or county) (Stote)
	23 FUNHRAL DIRECTOR'S SIGNATURE	ADDRESS WES	240. REC'D BY REGISTRAR	24b REGISTRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The fow requires that the disable certificate be executed within 211 Haurs after death. Pogil 4 may be retained by the hospital or attending physician.

TO FUNERAL DIPF JOR: After this certificate has been signed by the attending physician and campage 3 shauld tetached for use as the burial-transit permit. Then please remave carbon page the registrar prize to burial, cremation, or remayal, and in any event within 72 haurs after death VS A15 (4) 15M 10/57



1-1/-	1
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uneral director,	L
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
etely filled in by the funeral director, Pages 1 and 2 the filed with	-
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ond,	3
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Pag Pag	5
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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3439 CERTIFICATE OF DEATH

(1343)) Reg. Dist. No.

-						
	PLACE OF DEATH COUNTY Prince Georges	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Marvle	b.	If institution Residence b	~
	b. CITY OR TOWN III outside corporate limits, write	c. LENGTH OF STAY IN 16	No.		ts, write RURAL and give	
	RURAL and give nearest town) Cheverly	24 hours	X Washingto			
	d NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION		/ d. STREET ADDRESS			e IS RESIDENCE
L	Prince Georges General H	lospital	5815 Addison	Koad S.	E	YES NO T
3.	NAME OF First	Middle	Lost	4. DATE OF	Month	Day Year
	(Type or print) Fonza	Hellmuth	1	AND A WIA	March 15	19 59
5	10 40	RIED NEVER MARRIED	B DATE OF BIRTH	9 AGE	(In years   IF UNDER 1 YE   Months   Dog	EAR IF UNDER 24 HRS
	Female White widow	Left	6/20/74	84	11   1110111113   00	ys Hours Min
	USUAL OCCUPATION (Give kind of work done lob. during most of working life, even if relired)  Housewife  FATHER'S NAME	at Home	STRY 11 BIRTHPLACE (BIOTE  STORT OF THE STREET OF THE STRE	Co, 1	a Un	ited States
سا	Blukemen Z: h	ledding	Elisabe	a m	· Lucke	T.
15. (Ye	WAS DECASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. 1	NFORMANT O		Address	
	no hone.	none 1	aurice S	on Addr	ess Same	
	18 CAUSE OF DEATH [Enter only one couse per li	ne far (b), (b), and (c)	4. 6	ــر مهد		NTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	ente Con	restine the	wit F	a lice	THE DENTIL
	4 30,0 DUE TO	2	, 1.3		/	
	Conditions, if ony, which	encrols.	zed /for	crosco	morio	
	gove rise to immediate OUE TO	t				
_	lying couse lost. (c)					
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS C	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE COND	TION GIVEN IN PART 1(c	PERFORMED? YES NO 12
1 .	200 ACCIDENT WAS UNDERLYING [] 20b. DESI OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D (Enter nature of injury in P	ort I or Part II of ite	m 1B.)	
MEDICAL	Hour o.m. While	NJURY OCCURRED 20e. PL. Not while to ot work	ACE OF INJURY IHome, farm, tory, street, office bldg., etc.	20f. (City or town	(Coun	(Slote)
	21. I certify that I attended the decease	ed from Sept	, 195 /, to /7	and 15	1964 that I last	sow the deceosed
	alive on March 15 19	59 , and that death	accurred at 5:50P			
	the state of the s		1174	LDDRESS (Street, city		DATE SIGNED
	ACTUAL E	it,	MD 6/4/	eur	the 140	
	PHYSICIAN'S Dr. Peter Duus	M.D.	Cuj'u	tot the	(1: 1) -1	iya.
	BUR AL, CREMATION, 226, 9ATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d LOCATION (CI	akall	(Store)
23	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	1 1. 0 8 24a. REC'E	BY REGISTRAR	24b. REGISTRAR'S SIGNA	TURE
U	1. W. Charles Codac	517 1100	J S E DATE M	AR 1 8 '59	arthur S. 1	Kraus



1	1	1:	CONC. 1 PAT, MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
FOR ST	ATE		3440 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.
HEALTH	DEPT.	1.	PLACE OF DEATH  2 USUAL RESIDENCE (Where deceased I ved H Inst lyttom, Residence before adm stron)
Pog Fles Health	X	-	CITY OR TOWN (1 outs do co popularis), at a RURAL or STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearly town)
your of of	TY	_	Chereny 14 days X Hellsell
is nec	77		NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddrest)     d STREET ADDRESS   C   ON A FARM! VES   NO FT
delay fune retarn State deoth			NAME OF DECEASED First Middle Losts 4 DATE Month Doy Year
to the y be in the offer		-	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED W B DATE OF VIRTH 9 AGE (In yours lost birthday, lost birthday,
and 3 5 mo 5 mo 1 2 wi		100	Mile white WIDOWED DIVORCED 9-15.56 2 yrs Months Days Hours Min
Page I and win 72			13. USUAL OCCUPATION (Give kind of work done) 106 KIND OF BUSINESS OR INDUSTRY 13. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?  Work of working life, even if retired) 106 KIND OF BUSINESS OR INDUSTRY 13. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?  LOCAL DESCRIPTION (Give kind of work done) 106 KIND OF BUSINESS OR INDUSTRY 13. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
P.M3.		13.	FATHER'S NAME
Sive P form form	I)		WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address  Address
in 97		-	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) ]
Item alang alang sit pe			PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Consist and DEATH  ONSIST AND DEATH
ocil in Office Il-tran	/		Conditions, if ony, which) (b) Unothone - Ether Consolations
in person			gove rise to immediate couse (In), stating the underlying DUE TO
ing" 'xamin' 'xamin' as a		3	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
pend pend ical E	0	FICATI	50 % of body serjoce 2° and 3° burn yes NO
ward ward Med build be urial,		CERTIF	200. EXTERNAL CAUSE WAS PRIMARY D or CONTRIBUTING D  1 durin anasthesit for FKin mott to birned area
Chief	) *	WEDICAL	20c. TIME OF INJURY Month. Doy. Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form., 20f (City or town) (County) (Stote)  Hour o. m.  While Not white of work o
virting rathe Page Prior	1	2	21. I certify that I took charge of the remains described obove, held an Autopsy [], Inspection [], Inquiry [], ond in my
ate, rided and rided agent.			opin'on death resulted from: Notural causes . Accident X, Suicide . Homicide . Undetermined monner
entries of the state of the sta			ACTUAL SIGNATURE
the care and season	d		EXAMINER'S ASSISTANT MEDICAL EXAMINER
Should sh		220	BERMAN ALLEGO TO DEPUTY MEDICAL EXAMINER TO DEPUTY MEDICAL EXAMINER TO THE THEREOF TO STATE THE PROPERTY TO TH
5 4 5 p	,	23.	Burea muf 21-39 Cedar Hell Suttand md.
VS A15ME 5M 2 57	24	1	Summer Bus 1661 Jours Hagee MAR 2 3 59 Cithur S. France
		74-48° U	made glad De

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# OR STATE HEALTH DEPT.

PLACE OF DEA

Prin NAME OF DECEASED (Type or pr'nt)

DIO TO 10g, USUAL OCCI

during most of Wate 13. FATHER'S NA Fahr 15. WAS DECEAS No 18. CAUSE OF PARTI

> Conditions. gove rise to (a), stoting course lost.

> > Hour

CERTIFICATION

5. SEX

a. COUNTY 6 CITY OR TO and give near Che d NAME OF H

necessary, please il director. Page d'or your files, Te death. If any delay is ne 1. 2, and 3 to the funeral d Page 5 may be retained for 1 and 2 with the 51cte f hin 72 yours offer death. isate, writing the ward "pending" in pencil in Item 18. Give Pages 1. 2, a gaded to the Chief Medical Examiner's Office along with form PM3. Page CTOR: Page 3 should be used as a burial-transit permit. File pages 1 and agent, prior to barial, cremation, or removal, and in any event within 72. DEPUTY MEDICAL EXAMINER: This FUNERAL FUNERAL

4 0 VS ATSME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18  344  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  Reg. Dist. No. (1344)	Ĺ
Prince George's MARYLAND ** STATE Waryland ** COUNTY Prince George S	e.
WN (1 sulvide corporate limits write RURAL and give nearest town)  wenly Dead on enrival X Forestville  OSPITAL OR INSTITUTION (If not in hospital give street address)  d STREET ADDRESS  e 15 RE DEFE C	
ce George's General Hospital / 3929 Inena Street   VES   NO 27	
Corl Franklin Himelwright DEATH 173.rch 18 1959  6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH  9 AGE (to your lot be withdry)  Months Days Hours Min.  Months Days Hours Min.	-
White WIDOWED DIVORCED August 1, 1889 69 yrs. Months Days Hours Min.  UPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  hman Depattment store Pennsylvania II. S. A.  ME  14. MOTHER'S MAIDEN NAME	7
e Himelyrought  Annie  EO EVER IN U S. ARMED FORCES?  (If you, g we wer or defens of families)  Paul Corbert Himelyright Alexandria	
DEATH [Enter only one couse per line for (o), (b), and (c)]  DEATH WAS CAUSED BY:  MACUTE Congestive heart failure	
Cardiovascular renal disease	
the underlying (c).  (c).  OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS AUTOPSY PERFORMED?  YES   NO   NO   NO   NO   NO   NO   NO   N	
A CAUSE WAS PROPERTY OF DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of Item 18.) ATH.	
INJURY Month, Day, Year 20d, INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or tawn) (County) (State) a. m. p. m. 19 of work of work	

PART 1 20g. EXTERNA CAUSE OF D 20c. TIME OF

21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry and in my opinion death resulted from: Natural causes K., Accident ., Suicide ., Homicide ., Undetermined manner

SIGNATURE DATE SIGNED CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER **EXAMINÉR'S** Worch 18, James I. Boyo DEPUTY MEDICAL EXAMINER NAME (Type)

220. BURIAL CREPATION, 226 DATE THEREOF 22d LOCATION (City, town, or county)
Ebensburg, Penna. 224 NAME OF CEMETERY OR CREMATORY Holy Name Buria

James T. Ryan, Inc. 317 Pa. Ave., SE DC3

DATE MAR 2 0 '59

246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE arthur S. Thous



VS A15 (4) 15/4 10/S7

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3483 CERTIFICATE OF DEATH

							10 M. D. 1111 144	
1 PLACE OF DEATH			MARYLAND	2. USUAL RESIDENCE (W		ved. If institution b COUNTY	Residence bef	ore admission)
	nce George:			D, C	<del></del>		-	
RURAL and give n	earest town)	s, write	C LENGTH OF STAY IN 16	c CITY OR TOWN (IF		e limits, write RUR	AL and give ne	earest town)
	le (rural)		3 days		ington			4,
OR INSTITUTION	IAL (If not in hospital, g	ive street	gddress)	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
Gle Gle	enn Dale Ho	spita	1	2727	Bladen	sburg Rd	N.E.	YES NO
3. NAME OF DECEASED	Fir	st	Middle	Last	4. DATE	Manth	D	Day Year
(Type or print)		rll	N.	Hobson	OF DEATH	3	2	0 19 59
S. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	8 DATE OF BIRTH	9.			R IF UNDER 24 HRS
Male	White	WIDOWE	DIVORCED	12/19/04		511 Au	Months Days	Hours Min
10a. USUAL OCCUPATIO	ON (Give kind of work o	lane 10b.	KIND OF BUSINESS OR IND	USTRY II. BIRTHPLACE (State	or fareign caun	try)	12. CITIZEN	OF WHAT COUNTRY
Maintenand			rby Printing	Co. Washing	ton. D.	C.	U U	SA
13. FATHER'S NAME				14. MOTHER'S MAIDEN I				
Edward H	Johann			Edna B	otts			
15 WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16	SOCIAL SECURITY NO. 17.	INFORMANT	0000	Address	3	
No or unknown)	(If yes, gave wor or dates of so		8-05-6990	Geneva I. Ho	bson	2727 Bl. Washing	adensbu ton. D.	rg Rd., NI
	ATH [Enter only one co	use per lir	ne far (a), (b), and (c) ]				IN	TERVAL BETWEEN
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)		Pulmonary to	berculosis				months
002	DUE TO							
Conditions, if a	ny, which ) (b)							
gave rise to i	mmediale ( Our 70							
lying cause last.	(c)							
PART II. OTH			ONTRIBUTING TO DEATH BL	IT NOT RELATED TO THE TERM	INAL DISEASE C	ONDITION GIVEN	IN PART I(a)	19 WAS AUTOPSY
CATI		Car	ncer of floor	of mouth, ope	rated 1	956		PERFORMED? YES NO
	AS UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	206 DESC	CRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in	Part I ar Part II	of item 18.)		
	Y Manth, Day, Yea			LACE OF INJURY (Home, form	n, 20f. (City or	town)	(County)	r) (State)
Hour a.m.	19	While		actory, street, office bldg., etc	3)			
	at 1 attended the	docean	ed from. 3/17	19.59., to	3/20	10 50	S-1 1-1-1	
olive on	, 2/20/			17.262., 10	) / A	, 1 <i>9_2.z.,</i> 1	nar i last s	idw the deceased
give on		_, 12_	22, and that deal	h accurred at 11:30		he causes and t, city or town, sta		ote stated abave DATE SIGNE
ACTUAL	Wine 1	ANG	11					
SIGNATURE	-000	000	( ) -	M.D	GIM Dar	e Hospita	<u>41</u>	3/20/59
PHYSICIAN'S NAME (Type)	Moe Weiss	, M.	D.	G1	enn Dale	e, Md.		
220 RURIAL CREMATIO		F	22c NAME OF CEMETERY	OR CREMATORY	22d. LOCATIO	N (City town, ar i	county)	(Shpte)~
(Spec fy)	3/20/	39			L	varlue	a m	1)(
23. FUNERAL DIRECTOR	S SIGNATURE		ADDRESS/400C		D BY REGISTRA		AR'S SIGNATU	
11.16/6/10	wheester	lui	Bullasi		AR 2 4 '59		wi S. Hin	is 4



1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	4
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 1344	ij
HEALTH DEPT.	PLACE OF DEATH  o. COUNTY (P)  ruce Glanger MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: gestidence before admission)  o STATE Manyland b COUNTY Fruit Glanger	2-
director.	b. CITY OR TOWN (If outside corporate lim's, write RURAL and give nearest town)  The state of th	
the funera be retained the State fler death.	3. NAME OF DECEASED (Type or print) Herry Healge DEATH Trunck 3/ 195	7
arh. If o	male Color WIDOWED DIVORCED 726/2/88 Med brinders Worth Days Hours Min Oc. USUAL OCCUPATION (Give kind of work done 106, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COLIN	
A3. 1.2. Market de Market	during most of working life, even if retired)  Tamey  Tame	æ
Give Pog Give Pog th form PA File pog any event	15. WAS DECEASED EVER IN & S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT  (You, no, or youthour)  (If you live war or dates of service)  (If you live war or dates of service)	
uld be executed within in pencil in Item 18. ner's Office along without buriol-transit permit or removal, and in or	18. CAUSE OF DEATH [Enter only one cause per l'ine for (o), (b) and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  442 X  DUE TO  Conditions, if any, which gove rise to immediate cause (a), stating the underlying  DUE TO  Cause lost.	-
pending pending cal Exomi cal Exomi e used as a cremation	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOP PERFORMED?  YES NO [	)
This cert e ward ' ief Med' hould be buriol,	20a. EXTERNAL CAUSE WAS PRIMARY OF DATA CONTRIBUTING CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port II or Port II of item 18)  CAUSE OF DEATH.  20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. (City or lown) (Statement)	e)
MANER.	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, factory, street, office bldg., etc.)  While Not white of work 19 at work	
CAL EXA Crase, T Crose, T d agent,	apinian death resulted fram: Natural causes D. Accident . Suicide . Hamicide . Undetermined manner	
TY MEDI	ACTUAL SIGNATURE AND CHIEF MEDICAL EXAMINER DATE SIGNED  ASSISTANT MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY	4
9	120. BURIAL CREMATION. 120. DATE THEREOF 21. NAME OF CEMETERY OF CHEMATORY 22d LOCATION (City, lown, or county) (State)  12. RUNGVAL (SPECIFY) 4-3-57 (Col 377) (Col 3	,
	The state of the s	78.



■ ago ■	director.	filed with		
urs after death	by the funera	od blud be		
d within 24 ha	pletely filled in	rs. Pages I an		
tote be execute	icion and com	e carbon pape	rs offer death.	1
e death certific	For may be retained by the hospital or attending physician.	page 3 should detached for use as the burnal-transit permit. Then please remove carbon papers. Pages 1 and puld be filed with	the registrar proof to burial, cremation, ar remayal, and in any event within 72 hours after death.	
equires that the	n. signed by the	it permit. Ther	id in any event	
AN: The law n	nding physicia icate has been	he burial-trans	ar removal, ar	
ING PHYSICI	nospital or atte	ed for use as t	of, cremation,	
L OR ATTEND	ained by the h	ut detach	ir prist to buri	
TO HOSPITA	TO FUNERAL	page 3 sha	the registra	
1	S A15	5 (4) 755	)	

3485 CERTIFICATE OF DEATH Reg. D	ist, No.
1. PLACE OF DEATH a. COUNTY PARTIE SIGNORGES CO MARYLAND 2 USUAL RESIDENCE (Where deceased lived. If institution; Reside o. STATE) 4000 b. COUNTY Parties of the county Parties	
b. CITY OR TOWN (If autside carporate limits, write,   c. LENGTH OF STAY IN 16   x c. CITY OR TOWN (If autside carporate limits, write RURAL and	sive served town
RURAL and give nearest tawn)	/
d NAME OF HOSPITAL (If not in hospital, give street address)	464 C
or HOSPITAL (If not in hospital, give street address)  OR HOSPITAL (If not in hospital, give street address)  OR HOSPITAL (If not in hospital, give street address)  OR HOSPITAL (If not in hospital, give street address)  OR HOSPITAL (If not in hospital, give street address)  OR HOSPITAL (If not in hospital, give street address)	ON A FARM?  YES NO
3. NAME OF DECEASED (Type or print)  1/ A A 1/P  DECEASED (Type or print)  1/ A A 1/P  DEATH  1/ OF  DEATH  1/ OF  DEATH	Doy Year 12 1959
5 SEX 16. COLOR OR RACE 17. MARRIED TO NEVER MARRIED TO 8. DATE OF SIRTH 9 AGE (In years IF UNDE	R 1 YEAR IF UNDER 24 HRS
France 31 Lite WIDOWED 17 DIVORCED 1/874   last birthday) Months	Days Hours Min
100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State of foreign country)	TIZEN OF WHAT COUNTRY
during most of working life even it retired) At home (Own) WAShenyTox, D.C. 20	L, S, A.
13. FATHER'S NAME	
MORITS BEAR I WA'KNOW No	*
15. WAS DECEASED EVER IN U SARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  IVEN TOO OF UNRHOUND   15 year, give well of dollar of veryood   >2000 W.	Box 300,
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL BETWEEN
PARTY DEATH WAS CALISED BY.	ONSET AND DEATH
1422 DUE TO	1 cering
( conditions, it ony, which ) (b) Ste Arlerep Sclerate my ocardider	37110
gave rise to immediate cause (a), stating the under-	7/11/11
lying couse last. (c) TENCS alltrang setter a. 2. e	die de bedee de de service
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	RT 1(a) 19. WAS AUTOPSY PERFORMED?
3 Branchad Uz thous a "Chr Brandhill	YES NO 2
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA  DATE II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA  DATE II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTION	
3 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town)	(County) (State)
20c. TIME OF INJURY Manth, Doy, Year 20d INJURY OCCURRED Hour o. m. While Not. while of work of work of work of work	-
21. I certify that I attended the deceased from De 4 1 , 1958, to 12 erech. 12, 1959, that I	In the state of
alive an March 1954, and that death accurred at 6749 M, from the causes and an ADDRESS [Street, city or town, state]	the date stated above
SIGNATURE - Part & Vanillactor Mo. 5 440 Taluser Hill Red & &	3/12/59
PHYSICIAN'S JAUPE VAN 1ALTA TOLE Line glin 28 R	·< *
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (C ty. Iswn, or county)	(State)
REMOVAL (Specify) 3/14/59 Glenwood Cemetery Washington, D	·C·
23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR'S S	IGNATURE
Ritchie Bros. Upper Marlboro, Md. DATE MAR 17'59 Carthur	8. Krous



1	PLACE	OF DEATH	- <del>3</del> -5	142	-				Where deceased lived If ins		pefore admission)
1				e Geo			MARYLAND	o STATE Mary		Montgo	-
	b. CIT	OR TOWN (I give nearest town	t suiside carpara n)	be limits, write	PUPAL	c LENGTH OF	STAY IN 16	c CITY OR TOWN (	If outside corporate îim ts, wi	rite RURAL and give	nearest town)
1-	d NA		verly	TUTION //	Castia have	D.Q.		d STREET ADDRESS	7		Te IS PE IDEN
									7 Inn.		ON A FARM?
3	NAMI	OF	Geor <sub>5</sub> e	Fin		Hospital Mid		Lost	4. DATE M	onlh Do	
	OECE/	used or print)		Helen	l.		H	opkins	DEATH March	27	19 59
5.	SEX	_	6. COLOR	OR RACE	7 MARRIE	NEVER M	ARRIED 0.	DATE OF BIRTH	9. AGE (In year foil birthdoy)	Months Doys	R IF UNDER 24 HR
	Fem		Celc		W DOWED		RCED [	September			<u> </u>
10	during	most of works	ng life, even	d of work out retired)	done 10b. Ki	IND OF BUSINES	SS OR INDUSTS	Y 11, BIRTHPLACE (Stot			OF WHAT COUNTRY
1:		OMESTS ER'S NAME	.0					Mary La	·	- 0.1	7.A.
"		larry N	icGorne	2				Sadie	Tolson		
1:	S. WAS		and the second second	ARMED FOI	RCES? 16. S	SOCIAL SECURIT	Y NO 17 IN	FORMANT	Addı	ross	
Ĺ	No		(it yes, give we		arv ca,		Sa	die McGornes	; Huntsville,	Md.	
		24X	IMMEDIATE	ISED BY: CAUSE (a) DUE TO	Gos	مِ م	loge	d peri	loneter	0	NSET AND DEATH
	gov.	ditions, if a rise to imme stating the se tost,	ony, which diote cause underlying	CAUSE (a) DUE TO (b) DUE TO (c)	e.	ptu	ly.	d peri	loneter man h	lises	
MOTA	gov.	ditions, if a rise to imme stating the se tost,	ony, which diote cause underlying	CAUSE (a) DUE TO (b) DUE TO (c)	e.	THE NET RE TO	DEATH BUT N	aferial to the TERM	lovety 2000 h AINALDISEASE CONDITION	lises	
CEPTIFICATION	90v( {0}, cov	ditions, if a rise to imme stating the se tost,	ony, which diete couse underlying her SIGNIFIC	CAUSE (a) DUE TO (b) DUE TO (c) CANT CONI	DITIONS CO				AINAL DISEASE CONDITION HT I or Part II of stem 18 )	lises	19. WAS AUTOPSY PERFORMED?
MODEL CERTIFICATION	govi (o), cou	ditions, if of tise to immediating the lost,  PART II, OT  EXTERNAL CA	IMMEDIATE  ony, which diote cause underlying  HER SIGNIFIC  USE WAS INTRIBUTING	CAUSE (a) DUE TO (b) DUE TO (c) CANT CONI	DIFIONS COL	HOW INJURY	DCCURRED (E)		m, 120f (City or town)	lises	19. WAS AUTOPSY PERFORMED?
	90vi (0), cov 20o. PRIM CAU 20c.	ditions, if of tise to imme stating the stating the set of the set	IMMEDIATE  ony, which diote cause underlying  HER SIGNIFIC  USE WAS INTRIBUTING  IRY Month	CAUSE (a) DUE TO (b) DUE TO (c) CANT CONI	b DESCRIBE  20d, In While of wor	NOW INJURY OCCURRING Nor white at work emains described.	ED 70e PLAC facto	E OF INJURY (Home, for ry, street, office bldg, et	m, 120f (City or town)	GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO (Stote)
	90vi (0), cov 20o. PRIM CAU 20c.	ditions, if of tise to imme stating the stating the set of the set	IMMEDIATE  ony, which diote cause underlying  HER SIGNIFIC  USE WAS INTRIBUTING  IRY Month	CAUSE (a) DUE TO (b) DUE TO (c) CANT CONI	b DESCRIBE  20d, In While of wor	HOW INJURY (	ED 70e PLAC facto	E OF INJURY (Home, for ry, street, office bldg, et	m, 201 (City or town)  sy 4, Inspection	GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO (State)
	gove (o), cou PRIM CAU 20c. 21. opi	ditions, if of rise to immediating the lost,  PART II, OT  EXTERNAL CA ARY   or CC SE OF DEATH Hour o, m, p, m, I certify the	IMMEDIATE  ony, which diote cause underlying  HER SIGNIFIC  USE WAS INTRIBUTING  IRY Month	CAUSE (a) DUE TO (b) DUE TO (c) CANT CONI	b DESCRIBE  20d, In While of wor	NOW INJURY OCCURRING Nor white at work emains described.	ED 70e PLAC facto	E OF INJURY (Home, for ry, street, office bidg, et	m, 201 (City or town)  sy , Inspection . Under	GIVEN IN PART 1(0)  (County)  (Inquiry	19. WAS AUTOPSY PERFORMED? YES NO (Stote)
	gove (o), court 20c. 21. opi-	ditions, if or rise to imme stating the stating the let lost.  PART II, OT  EXTERNAL CA ARY Dor CC SE OF DEATH  TIME OF INJU- Hour o, m, m, I certify to mion death	IMMEDIATE  ony, which diote cause underlying  HER SIGNIFIC  USE WAS INTRIBUTING  IRY Month	CAUSE (a) DUE TO (b) DUE TO (c) CANT CONI	b DESCRIBE  20d, In While of wor	NOW INJURY OCCURRING Nor white at work emains described.	ED 70e PLAC facto	E OF INJURY (Home, for ry, street, office bidg, et e, held an Autap  ], Suicide [],  M D CHIEF MEDICAL I	m, 201 (City or town) c) sy , Inspection  Hamicide Under	(County)  (Inquiry betermined man	19. WAS AUTOPSY PERFORMED? YES NO  (5'o'4)  Ond in my ner  DATE SIGNED
	200. 20c. 21. opi	ditions, if of rise to immediating the lost,  PART II, OT  EXTERNAL CA ARY   or CC SE OF DEATH Hour o, m, p, m, I certify the	IMMEDIATE  ony, which diote cause underlying  HER SIGNIFIC  USE WAS INTRIBUTING  IRY Month	DUE TO  (c)  ANT CONI  Doy, Yeo  charge  fram: 1	DITIONS COID  DESCRIBE  TO 20d, In While of wor  of the re Natural co	NJURY OCCURRING More while of work emains descauses	ED 70e PLAC facto	E OF INJURY (Home, for ry, street, office bidg, et e, held an Autap  ], Suicide [],  M D CHIEF MEDICAL I	m, 201 (City or fown) c)  Sy , Inspection  Hamicide , Under	GIVEN IN PART 1(0)  (County)  (Inquiry	19. WAS AUTOPSY PERFORMED? YES NO  (5'o'4)  Ond in my ner  DATE SIGNED
ASOICAN	200. PRIM 20c. 21. opi	ditions, if of rise to imme stating the stating the lost,  PART II, OT  EXTERNAL CA ARY   or CC SE OF DEATH  TIME OF INIL Hour o. m. p m. I certify to nion death  WATURE  MINER'S  ME (Type)	IMMEDIATE  Only, which diote cause underlying  HER SIGNIFIC  USE WAS ONTRIBUTING  IRY Month  resulted in  John  ON, 1725 DA	DUE TO  (c)  ANT CONI  Doy, Yeo  charge  fram: 1	DITIONS COID  DESCRIBE  To 20d, in While of wor of the revolution	NJURY OCCURRING More while of work emains descauses	ED   70e PLAC facto	TE OF INJURY (Home, for ty, street, office bldg, etc., held an Autap  Ge, held an Autap  Ge, held an Autap  Ge, held an Autap  Ge, held an Autap  ASSISTANT MEDICAL IN ASSISTANT MEDICAL DEPUTY MEDICAL	m, 201 (City or fown) c)  Sy , Inspection  Hamicide , Under	(County)  (County)  Inquiry Determined man	19. WAS AUTOPSY PERFORMED? YES NO  (51014)  Ond in m  DATE SIGNED
12003N	PRIMARY 20c. 21. Opp	ditions, if of rise to imme stating the stating the set of the set	IMMEDIATE  Ony, which  diote cause  underlying  HER SIGNIFIC  USE WAS  NATRIBUTING  IRY Month  hat I took  resulted  John  ON, 1721, DA	DUE TO  (b)  DUE TO  (c)  ANT CONI  DOY, Yeo  to chorge  fram: 1	DITIONS COID  DESCRIBE  To 20d, in While of wor of the revolution	NJURY OCCURRING OF Work Mains described on work mains described on work mains described on the main of the mai	ED   70e PLAC facto	E OF INJURY (Home, for ty, street, office bidg, etc., held an Autap  J. Suicide,  M.D. CHIEF MEDICAL I ASSISTANT MEDICAL CREMATORY	m, 201 (City or town)  sy , Inspection  Hamicide , Under  CAL EXAMINER   Ma  EXAM	(County)  (County)  Inquiry Determined man	19. WAS AUTOPSY PERFORMED? YES NO (State)  OPENSO (State)



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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

may be retained by the hospital or attending physician.

TO FUNERAL DIFF. OR: After this certificate has been signed by the attending physician page 3 should. Letached far use as the burial-transit permit. Then please remove capthe registrar prior to burial, crematian, ar remayal, and in any event within 72 haurs after

VS A15 (4) 15M 10/57

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

03448

930(					Reg. Dist. No.	
1. PLACE OF DEATH G COUNTY	MARYLAND	2 USUAL RESIDENCE (WI	here deceased in	6 COUNTY	Residence befa	re admission)
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	STAY IN 16	c. CITY OR TOWN (IF	outside carporate	limits, write RU	RAL and give nec	arest fown)
d NAME OF HOSPITAL (II not in hospital, give street address) OR INSTITUTION	. / -	d. STREET ADDRESS	",/_			e. IS RESIDENCE ON A FARM? YES NO.
DECEASED — /	hiddle	Lost	4. DATE OF DEATH	Month	Do	Year
S SEX 6 COLOR OR RACE 7. MARRIED NEVER M	ARRIED	B DATE OF BIRTH	30.31		F UNDER I YEAR Months Days	Hours Min.
100 USUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINE during most of working life, even if retired)	ESS OR INDUS	TRY II BIRTHPLACE (State	or foreign coun	lry)	12. CITIZEN O	F WHAT COUNT
13. FATHER'S NAME		14. MOTHER'S MAIDEN I	NAME		· · · · · · · · · · · · · · · · · · ·	· t
171157 1 11 11/21		1 217	1 =	<u> </u>		
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY (fee no or unknown)   (if yes, give wor or dotes at service)   7/5	Y NO 17, IA	CITY 15 7 2 3	12/1/1	Addre	1 d - 11	31 - 1
PART I. DEATH WAS CAUSED BY:  345 X  DUE TO  Conditions, if ony, which gave rise to immediate cause (a), stating the under- lying cause last.  (c)	tifel	e fil	Frozi	s, Ad	waver	1
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO					N IN PART I(o)	PERFORMED?
OR CONTRIBUTING LI CAUSE OF DEATH	IRY OCCURRED	(Enter nature of injury in	Part I or Fort II	af ilem (8.)		
20c, TIME OF INJURY Manth, Day, Year 20d, INJURY OCCURRED While of work of work	20e Pt.A	ICE OF INJURY (Home, form tory, street, affice bldg, etc.	20f. (City or	town)	(County)	(Stote
21. I certify that I attended the deceased from alive an actual signature of the signature	that death	accurred of 6 7	M, fram the ADDRESS (Street	- 1	d on the da	the decease stated abar DATE SIGN
Page 1970 Burial, Cremation, 22b. Date Thereof 22c Name of		CREMATORY Orgreen	_	ARK N(City, town, or Lia. W	county) ashing	(State)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS.	4th St	34- 8EC	D BY REGISTRAL	24b. REGIST	RAR'S SIGNATUR	RE



		348	88	CERTIFIC	ATE OF DEAT		Reg. Dist		OIX
1. P	COUNTY PRIN	ver Greek	PE	MARYLAND	2 USUAL RESIDENCE (M	there deceased lived. If is b CO		befare admini	ion)
	RURAL and give ne	outside carporate limitarest tawn)  AIR FORDE	.eds	GTH OF STAY IN 16	1 . 4.12 Cl	outside corporate limits, v	vrite RURAL and gi	ve nearest fawn	)
		AL (If not in haspital, g		15	d. STREET ADDRESS	WAKE AVE	SW		DENCE FARM? NO 5
0	IAME OF DECEASED Type or print)	Fir	1/3		LNSON	4. DATE OF DEATH	Month MARCH		100r 95-9
5. \$	14	NEC	WIDOWED 🔲	DIVORCED T	24 MARO	4 59 9. AGE (In lost birth	Since the second	YEAR IF UNDE	R 24 HRS. Min
	during most of work	N (Give kind of work or ing life, even if retired)	dane 106 KIND O	F BUSINESS OR INDI	JSTRY 11. BIRTHPLACE (State	a or foreign country)	12 CITIZ	EN OF WHAT	COUNTRY?
	FATHER'S NAME 14ERN		hNSEN		HAMOTHER'S MAIDEN	EHE YUM	vie (1)	2501	<i>y</i> .
15 \ (Yes	MAS DECEASED EVER	R IN U. S. ARMED FOR	ICES? 16. SOCIAL	SECURITY NO. 17.	HEMAN TO	NSUN /200.	Delaw.	AK-HI	o RC
	PART I. DEAT	TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o	DIE	), (b), and (c).]	ity			INTERVAL BE ONSET AND	TWEEN DEATH
	Conditions, if an		) 		J				
	gave rise to in cause (a), stating t lying cause last.		:)						
CATION	PART II. OTH	ER SIGNIFICANT CON	IDITIONS CONTRIB	UTING TO DEATH BU	T NOT RELATED TO THE TERA	MINAL DISEASE CONDITIO	N GIVEN IN PART	1(a) 19. WAS PERFO	NO [
	200 ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	206 DESCRIBE HO	DW INJURY OCCURR	ED (Enter nature of injury in	Part 1 or Part II of item 1	8.}		
MEDICAL	20c. TIME OF INJURY Haur a. m. p. m	/ Manth, Day, Yeo	1	st while	LACE OF INJURY (Home, for actory, street, affice bldg., et	m, 20f. (City or town) c.)	(Co	iunty}	(State)
	21. I certify the	at I attended the	deceased from		1954, 10 h occurred at 043	OM from the sou			
	ACTUAL SIGNATURE	xuux	17.1	List	M.D. U5 H	ADDRESS (Street, city or			
	PHYSICIAN'S D	AVID I. SM	ITH CAPT.	AIN USAF (	MC) USAF H	OSPITAL AND	REWS, WAS	HINGTON	_25_D
72o	BURIAL CREMATION REMOVAL (Specify)	3/31/3	10	ington Na		Arlington		yer)Va.	
23	FUNERAL DIRECTORS	(		DDRESS I PAUL	240. REC		REGISTRAR'S SIGN		

TO HOSPITAL OR ALLEANDER OF THE PROPERTY OF THE Forest of the Control of the Cont TO HOSPITAL OR ATTENDING PHYSICIAN: The flow requires that the death certificate be executed within 24 hours after death. Page 4 VS A1S (4) 15M 9/55



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09150

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	I - 4						-					
AND	o SI	ATE ATE	Land	ere decease		COUNTY				Geo		
и 1ь			OWN (If ou	stride corpo	rote lim	its, write R	URA	L ond g	שת פעו	prest tow	n)	
	X	Deal	wood									
	/ d. 5	TREET A	DDRESS							e. IS RE		
	53	22	Maple	Road						YES [	A FARA	
	Joh	los 111#01		4. DATE OF DEATH	Max	Mon	ith		8	y	Yeor	59
IX	8. DATE O	OF BIRTI	1		9 AGE	(In years	IF	UNDER 1	YEAR	IF UND	ER 24 I	125
	Feb	24	, 1881	_	lost	(In years birthdoy) B yrs	M	onths	Doys	Hours	M	n.
INDU:	STRY 11	BIRTHPL	ACE (Stole o	or foreign c	ountry)			12. CITI.	ZEN C	F WHA	T COU	NTRY?
	W	ash	ingto	n, D.	C.			U.	s.	A .		
	14 MC	THER'S	MAIDEN N	AME								
now	n	'	Unkno	wn								
17. 19	NHORMAI	NT				Add	ress					
1									HNT	ERVAL B	FTWEE	N.
			ondar			lusio	n	of	ON	SET ANI	DEAT	řΉ
t	he B	asi.	ar ar	tery	)				2	4 ho	urs	•
eric	scle	rosi	Ĺs						y	ars		
uete	rios	clei	osis						У	oars		
TH BUT	NOT RELA	ATED TO	THE TERMIN	NAL DISEAS	E COND	ITION GIV	/EN	IN PART	1(0)	PERM YES	ORMED.	?
CURRE	D (Enter r	noture o	f injury in P	ort I or Por	t II of its	em 18.)						
Oe PL/	ACE OF It	UURY (	Home, form, bldg., etc.)	20f. (City	or low	n)		(C	ounly)		(5)	lote)
	. 1	ъ9	, to Ma	ar. 8		, 19 59	) ,	hat I le	net e	aw the	doce	arad
dooth			3:45P			, ,,,,,,	المصد	ما د الراا	بو بون ماسم	A4-4	uece	useu
aeaiii	accorr	cu ui		ABDRESS (S					e aa	re stat	ATE SI	GNED
		1	1.100	FROM.	12 6		4	7		~	2	6 46
	M.D		nhabo		Liber.					=-		·
CE	MEI	214		Cyth, 1		are 11.8	£ .	_WA	SH	D.C	- 3/	14/54
TERY O	R CREMAT	ORY		22d LOCA					1.1.	(Sto	te)	10
- AM	PENER		24n REC'D	BY RECAS	TRAP	24b REGIS	STR	ARIS SIGN	IAI (	PF	7	م
· V	bon		DATEMAF	1 1 '5		Ch	ĮĮ.	1 2.	Thai	e.A.		

1SM 10/57



MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE,	18

	3445		CERTI	FICA	ATE OF D	EATH		**	Reg. Di		טיו	AUL
PLACE OF DEATH COUNTY	George		MARI	rland	2 USUAL RESID			indecogn		ce before	adm s	sionj
b. CITY OR TOWN (IF RURAL and give dec Cheverly	outside corporate limit	s, write	c. LENGTH OF STAY	IN 1b	c. CITY OR T		tside corpo	orote limits, write	RURAL and	give near	est tow	n)
OR INSTITUTION 1	NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Prince corge General Hospital				4800	odress Somer	set R	d.			ON A	SIDENCE A FARVE NO []
NAME OF DECEASED (Type or print)		rid	Middle Thomas	8	tosi		4. DATE OF DEATH		nth irch	Day 24		Year 19 59
Mal e	6. COLOR OR RACE White	WIDOWE	DIVORCE	D	8. DATE OF BIRTH	<b>, 18</b> 8		9 AGE (In years last birthday) 71 yrs	Months		F UND Hours	ER 24 HRS
Carpointer	N (Give kind of work in ng life, even if retired		elf-emplo		Sou	th Wal	r foreign c	ounlry) England		S.A		COUNTRY?
(Unknown)	Jones				-	MAIDEN NA UNKI						
No N	IN U. S. ARMED FOR you give wor or dotes of a NOTIO	. 1	OCIAL SECURITY NO		NFORMANT S.Minnie	Hodis	ık, 48		dress rset F	≀d.Ri	ver	dale,
PART IL DEAT	H [Enter only one co H WAS CAUSED BY. IMMEDIATE CAUSE to		far (a), (b), and (c).	le	Pul	/	01	Leura				TWEEN DEATH
Conditions, if on gove rise to im couse (a), stating the lying cause last.	DUE TO		Inte	2:00		ero	-	HT de	e Lui	3		
	ER SIGNIFICANT CON	DITIONS CO	ONTRIBUTING TO DE	ATH BUT				E CONDITION G		T 1(a) 19.	PERFO	AUTOPSY DRMED?
200 ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY A	□ CAUSE OF DEATH I	206. DESC	RIBE HOW INJURY O	CCURREC	D. (Enter nature of	injury in Po	ort I or Por	t II of item 18.)				
20c. TIME OF INJURY Hour o.m. p. m.	Month, Day, Yes	20d IN While of work	JURY OCCURRED Not while	20e. PLA foc	ACE OF INJURY (I dory, street, office	lame, farm, bldg., etc.)	20f (City	or town)	(1	County		{Stole}
alive on	of I attended the	decease	- 4B		19 <u>-57</u> accurred at	8:20P	M, from	treet, city or town	and an t	he date	stat D	ed abave. ATE SIGNED
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Or. John B	viv o	1		w.o	735 8	gl.	N.W. WA	5467	)	100/	nov 2 7
Burial CREMATION REMOVAL (Specify) Burial	3/28/195		22c NAME OF CEM Fort Line					TION (City town,		o.Cc	(S)o	
W.W.Chamber		, Ri	ADDRESS Verdale,	Md.		240. REC'D	BY REGIST	TRAR 245 REG	istrar's si	GNATURE		



VS A15 (4) 15M 10/57 M

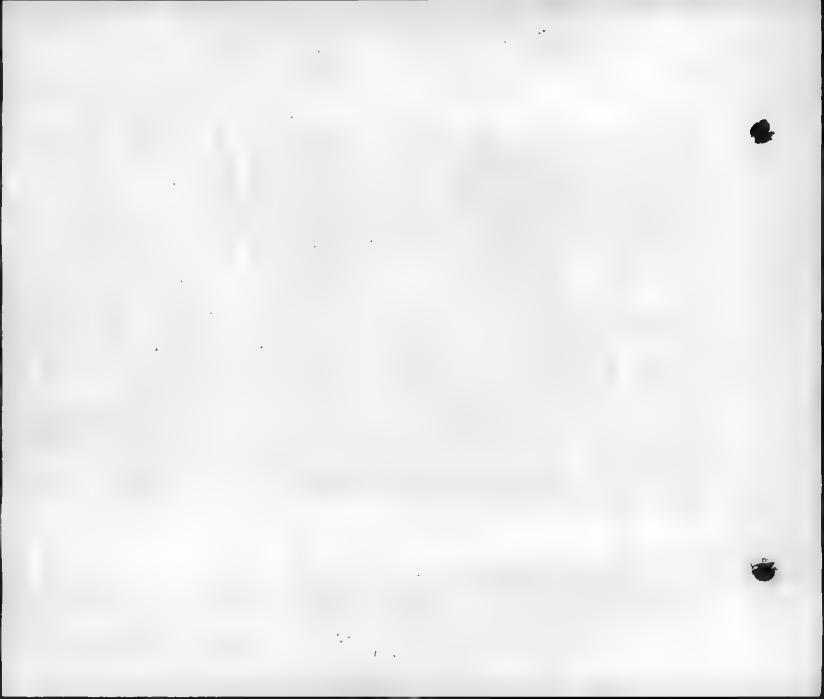
### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

3446 CERTIFICATE OF DEATH

1. PLACE OF DEATH o. COUNTY Prince	Georges	MARYLA	ND 2	USUAL RESIDI	yland	re deceased live	d If institution	rince	refore adm	(es	
b. CITY OR TOWN (It outside corporate limits, write RURAL and give nearest lown)  Cheverly  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)  West Hyattsville							imits, write R	URAL and give	nearest to	iwn)	
_ OR INSTITUTION	d NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Prince Georges General Hospital					d street address 5608 Queens Chapel Road  e is resident on a fare yes no					
3 NAME OF DECEASED (Type or print)	RENA	· JANE		LING		4. DATE OF DEATH	Mare		Day	Year 19 <b>.5-9</b>	
5 SEX	6. COLOR OR RACE 7. M.	ARRIED NEVER MARRIED	8. D   Ma.	y 22nd,	1876		GE (In years st birthday) 82 yrs	Months Dog			
10a USUAL OCCUPATIO during most of work Housewi	N (G ve kind of work dane) to ng life, even if retired) 10	At hon				ounty,			OF WH	AT COUNTRY?	
13 FATHER'S NAME Exach Shid	more			MOTHER'S A		ME					
	IN U. S. ARMED FORCES? I yes, give wor or doter of service  None	6. social security no Unknown	Flor		Mero	illiott	, 5608	West I	Hyatt 5 Cha	sville, pel Rd.	
PART 1. DEAT	mediate Dus TO	A c. Cor	(; 5.	d o	13	her.	٠		S-y	NO DEATH	
ATA	ER SIGNIFICANT CONDITION	2 th s	4	(h	_			EN IN PART 1(c	PER	S AUTOPSY FORMED?	
OR CONTRIBUTING	UNDERLYING 1 206 D CAUSE OF DEATH AEDICAL EXAMINER)	ESCRIBE HOW INJURY OCC	URRED. (E	inter nature of	injury in Po	rt I or Parl'11 of	item 18 j				
20c TIME OF INJURY Hour o. m.	Month, Day, Year 20d Wh of v		e. PLACE foctory	OF INJURY (H., street, office i	ome, farm, oldg., etc.)	20f. (City or to	own)	(Cour	nlyj	(State)	
21. I certify the glive an		and that d	M.D.	3.50 M	50p.	BALL'SLA 35)	e causes a city or lown,	Ar War - Gor county)	date sta	DATE SIGNED	
Burial 23 FUNERAL DIRECTOR'S W.W. Chamber		ADDRESS iverdale, Md.	rial	1	24a REC'D	Falls C BY REGISTRAR 1 0 '59	24b REGIS	VITGIT STRAR'S SIGNA Shuri & Ka	TURE		



LL . 1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 03453
HEALTH DEPT.	Reg. Dist. No.
HEALIH DEFI.	2. USUAL RESIDENCE (Where deceased lived if institution desidence before admission)
8 0 2 E	Times Jeorges MARYLAND SINTY Varyland CONTY 12. Sep
THE PARTY	b CITY OR TOWN (It out de porparde hinds with a REAL and give nearest town)
ssor yau	Cheverly 209' Inallyrille
ğ <del>i</del> ğ	d DAME OF HOSPITAL OR IDATITUTION (If not in hospital, give street address)  d. STREET ADDRESS  e is residence ON A FARM?
i e e d	Time Junes Jan toop 1806-Lox shut 1850 NOX
Fundamento Story	3. NAME OF DECEASED Lost 4. DATE Month, Doy Year
P = 2 = 2	(Type or print) John Joseph Jan gan DEATH Warch 4 1959
or to	S. SEX OCOLOR OR RACE 7 MARRIED NEVER MARRIED DE DATE OF BIRTH OF BIRTH Months Days Hours Min.
4 5 6 6 5 6 5 6 5 6 5 6 5 6 5 6 5 6 5 6	MICH WIDOWED 1 DIVORCED 1 3-16-79 59. YET
90 0 F C	10g USUAL OCCUPATION (Give kind of work done 199 KIND OF RUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12 CITIZEN OF WHAT COUNTRY?
	Sevelanger linking mi umon Tew york 14-5.4.
D SE	13 FATHER'S NAME
e a ge	LY, WAS DECEASED EVER IN U. S. ARMED FORCES TA. SOCIAL SECURITY NO. 17 INFORMANT
29 5 E F	(if yes, give were or dates of service)
Marie Co.	16 CAUSE OF DEATH [Enter only one couse per line for (o), (b) and (c)]
Der Grad	PART I. DEATH WAS CAUSED BY:
ol, o	IMMEDIATE CAUSE (0) / LEWILL CON GESUVE MOUS ACTION
fron 100 de la constante de la	Constitute it and the constitute of the constitu
S C C S S	gave rise to immediate couse
o by	(a), stating the underlying DUE TO (c).
ing" ing" ing as	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY
emodification in the control of the	PERFORMED?  YES \ NOTSE
ding of the control o	
A Mid Le	U CAUSE OF DEATH.
E Special Control of the Control of	20c, TIME OF INJURY Month, Doy, Year 20d, INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f, (City or lown) (County) (State)  Hour e. m.
2 = 0 = 5	Hour e. m. While Not white foctory, street, office bidg., etc.)  p. m. 19 of work of work
Pog pri	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . ond in my
ent,	opinion death resulted from: Natural couses Accident . Suicide . Hamicide . Undetermined manner
AL Scot Crond	
in the second se	SIGNATURE SIGNATURE
A Pre de la	EXAMINERS ASSISTANT MEDICAL EXAMINER []
de la	NAME ITH JOHN 1. MALONEY M. D DEPUTY MEDICAL EXAMINER & Maich 9,1937
DEPU Recut Shour FUN	220 BURIAL CREMATION, 27b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (C ty. town, or county) (Stote)
<b>2</b> ° ₹ 2 °	DURIAL MAR 1.1937 JI. JOSEPH J YONKERS N.V
VE. ATSME	23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  WW. Collowed S. Thomas  ADDRESS
5M 2/57	JOSS 14 JULY DATE MAN 0 35 COMMINE MAN 0 35



death



VS A15 (4) 1SM 10/57

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1	7
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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

**CERTIFICATE OF DEATH** 

(13455)

	3444						Reg. Di	st. No.			
1. PLACE OF DEATH			2	USUAL RESIDENCE (Who	ere deceme		on: Residen	ce before c	odmission	1]	
a. COUNTY	nce Georges	MARYLAND	-	Marylar Marylar	n d	b COUNTY	ince	Georg	7.0.7	./	
b. CITY OR TOWN (I	fautside corporate limits, write	c. LENGTH OF STAY IN 16	-	c. CITY OR TOWN (If or						-	
RURAL and give ne		00.	1/2	Up 12.22 2	D						
	AL (If not in hospital, give stree	1 26 hours	1 6	d. STREET ADDRESS	Park				IS RESID	FNCE	
OR INSTITUTION	orges General	·	1	052 Rhode J	Island	4 A 130			ON A F	ARM?	
3. NAME OF	First	Middle		Lost	4. DATE	Mon	th	Doy	Ye	or of	
DECEASED (Type or print)		_			OF DEATH						
5. SEX	Doris			Anecker	7	9. AGE (In years		20	19		
	1 W	RRIED TNEVER MARRIED	8. U	ATE OF BIKIN		lost birthdoy)	Months		lours	Min	
Female	hite  wibov		<u> </u>	7/22/04		54 yrs.					
during most of work	ON (Give kind of work dane 10th	b. KIND OF BUSINESS OR INDU	JSTRY	· ·		ountry)	12 CII	TIZEN OF V	WHAT C	OUNTRY	
Housew	A 40	Own Home		Englan	d		U	nited	1 St	ates	
3 FATHER'S NAME				MOTHER'S MAIDEN N						are by higher	
ć	John Dobson			Sarah Hutc	hinso	n					
S WAS DECEASED EVE	R IN U. S. ARMED FORCES?	SOCIAL SECURITY NO. 117	INFO	MANT		Add	ress		-		
(Yes, no. or unknown)	(If yes, give wor or dotes of service)										
	no	none	Wg	Iter I	lusbar	id Add	ress				
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  INTERVAL BETWEEN ONSET AND DEATH										
PART I. DEA	PART I. DEATH WAS CAUSED BY Manengus ocus Minun zeles 3 days										
057.	) DUE TO				0				0		
Canditians, if a	ny which )	,									
	gave rise to immediate (NISTO										
cause (a), stating	the under:										
lying cause last.	) {c}	CONTRIBUTING TO DEATH BU	7 NO	DELATED TO THE TERMIN	A SOLD IN A	E COMPITION CIN	EN IN BAD	T 1/a) 10	MAC AL	IT OPSV	
PART II OTH	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES P NO [7]										
IL 20m ACCIDENT MIL	S LINDERLYING (T. 20b. DE	SCRIBE HOW INJURY OCCURR	ED. (E	nter nature of injury in F	Part I or Par	1 II of item 18.)					
OR CONTRIBUTING	S UNDERLYING (1) 20b. DE (20b.										
			1 4 5 5	SE IMMEN AL	7001 15.1						
20c. TIME OF INJUR	Y Manth, Day, Year 20d. Whil		aclory,	DF INJURY (Hame, farm street, affice bldg., etc.	.   201 (Cit)	r ar rawn)	Į,	County)		(Slate)	
Haur c.m.		ark at work			i						
21. I certify th	at Lattended the decea	sed from Sept. 1	5	1945.10	3/:	20 1959	f that I	last saw	the d	ecease	
alive on Mar		59 , and that deat									
Glive Oil Treat	Million 12	, and mar dear				treet, city or town.		ne date		E SIGNI	
ACTUAL SIGNATURE	torio	Mendel	M.D.		Co		EM	PLVE	3/-	1/	
PHYSICIAN'S				a		0-01			,	-	
NAME (Type)	r. Mendel, C	. 20415		COLLE	<i>6E</i>	MARK		$\sim 14$			
22a. BURIAL, CREMATIO	N. 22b. DATE THEREOF	22c. NAME OF CEMETERY	OR CR	EMATORY	22d. LOCA	TION (City, town,	or county)		(State)		
REMOVAL (Specify) Burial		959 Fort Lin	col	n Cemetery	- (	Colmar M	anor	. Md.			
23. FUNERAL DIRECTOR		ADDRESS			D BY REGIS						
F Gaschl	e Sone Hyat	teville Md		DATE	MALO O	159	Clathun	& Fera	au.A		



N

ARYLAND STATE DEPARTMENT OF HEALTH—BALTIMOR	E, 18
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CERTIFICATE OF DEATH

03456

	3451	£						Reg. Dist	No.	
1 PLACE OF DEATH					2 USUAL RESIDENCE (	Where decease			before od	lmiss on)
	ce Georges		MARYL	AND		yland	b. COUNT	$P_1$	rince	Georges
	b. CITY OR TOWN (If autside corporale fimils, write RURAL and give nearest town)				c. CITY OR TOWN	If outside carp	orate limits, write	RURAL and go	ve nearest	fown)
heve	_		13 da	VR	X Lanham					
d NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, t	ive street			, d STREET ADDRESS				e, IS RESIDENCE ON A FAPM? YES NO K	
	orges Ganer	al H	ospital		6009 Naval	Avenu	e			
3. NAME OF DECEASED	Fai	5Í	Middle		Lost	4. DATE	Mo	nth	Day	Year
(Type or print)	Pet	er	J	Lyn	nch	ch	5	19 59		
S. SEX	6. COLOR OR RACE	7 MAR	RIED   NEVER MARRIES	В.	DATE OF BIRTH		9. AGE (In years last birthday)	-		NDER 24 HRS
Male	White	WIDOW	ED 🚺 DIVORCED		10/23/71		87 yrs		Days Ho	urs Min,
10g USUAL OCCUPATIO	ON (Give kind of work king life, even if retired	RY 11 BHOTHELACE (ST	ole or foreign	country)	12. CITE	ZEN OF W	HAT COUNTRY?			
Retired	mg mo, order it remed		ilder-Contr	acto	r	and	Lowa	/ 1	Unite	d States
13. FATHER'S NAME					14. MOTHER'S MAIDE	N NAME		<del></del>		
Patrick L	ynch				Ann Wil	kins				
IS WAS DECEASED EVE			SOCIAL SECURITY NO	17. INF	ORMANT		Ad	dress		
									s Same.	
18. CAUSE OF DEA	ATH [Enter only one co	use per li	ne for (a), (b), and (c).]			<del></del>			INTERVA	L BETWEEN
PART 1. DEA	TH WAS CAUSED BY. IMMEDIATE CAUSE (c	M	ultiple Pul	nonai	ry Emboli				48	hours
585 X	DUE TO									
Conditions, if o		A	cute Cholec	ysti	tis				1//	days
gave rise to immediate cause (p), sloting the under-										
lying couse lost.										
PAIR II. OTHER SIGNIFICANT COND TIONS CONTRIBUTING TO DIATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART									1(a) 19. W	AS AUTOPSY REORMED?
CAT	General	ar	Lerioscles	Mis					YES	
PART II. OTH	S UNDERLYING A CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED	(Enter nature of injury	in Part 1 or Pa	rt    of item 18			
		or 20d. I	NJURY OCCURRED 2	0e. PLAC	E OF INJURY (Home, fo	orm. 205 (Cit	y or town)	10-	ounty)	(State)
Hour a.m.	19	While	Not while	facto	ry, street, office bldg.,	efc ) i	, 0. 101111,	(CC	, out 7 }	facorel
			0 -	-	- cn 1		ja	~		
18	at I attended the			1.3.	, 19 <u>.27</u> , to 2	o contract	5 , 1967			
alive an		-, 19-	and that a	leath o	ccurred at 5:47	M, fra	m the causes		e date si	lated abave.
ACTUAL SIGNATURE	hames	41	nalmen	M.	4814-	7/5/	lives, city or town	anciety /	Hells 1	la /2015
PHYSICIAN'S NAME (Type)										
220 BURIAL, CREMATIO			22c. NAME OF CEMET	ERY OR (	REMATORY	200 LOCA	TION (City, town,	or county)	1	5(ate)
BREMOVAL (Specify)	13/9/50	7				Dru	udy (	Que Vo	; C	owa
23 FUNERAL-DIRECTOR	S SIGNATURE	200	ADDRESS	, 0	27 246, RE	C'D BY REGIS		ISTRAR'S SIGN	4 -	w cour
Makey &	- fusica	6/4	som The	Ka	INCE DATE	IAR 9 '5	9 a	thus S. F	traine	
7	C	150	ce.	_ to						



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	CERTIFICATE OF DEATH
4 5 E	Keg, Dist, No.
Pog de la company de la compan	1. PLACE OF DEATH  o. COUNTY  O. STATE  b. COUNTY  D. INC. C. C. C. MARYLAND  1. PLACE OF DEATH  o. STATE  b. COUNTY  D.
e of B.	b. CITY OR TOWN (If outside corporate limits, write   c. LENGTH OF STAY IN 1b   c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
dea d bld	RURAL and give nearest town)  LIFE WILAZUREL Md
The fee	d. NAME OF HOSPITAL (If not in hospital, give street address)  (d. STREET ADDRESS  (e. IS RESIDENCE
by d d	411 LAWREL AVE 411 LAWREL AVE YES NO ET
24 ho	3 NAME OF DECEASED [Type or print] MARIA PMIddle MARKS: 4. DATE MAR Month Day Year OF DEATH DECEASED 185 9
in the Tage	5, SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
D d	EMALE WHOWED DIVORCED DE 2/1/8/187 yn.
d comi	100 USUAL OCCUPATION (Give kind of work done 106. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY byrng most of working life, even, if retired)
be e on an orbor	13. FATHER'S NAME
rs of co	SAMUEL WATIS TULIA ANDERSON
Phy emo hou	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INTORMANT  (You pay or unknown)   (If yes, give wor or dates of service)
th ce ding se n n 72	no home Else Marks 411 damel are well
dea trent withi	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: 7/
the o	420.1 DUE TO DUE TO
that that it. I	Conditions if any which
ires n on	gove rise to immediate couse (a), stating the under-
requence of signature of signat	lying cause lost. (c)
ysici been tron al, c	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?
The B ph has has urial imov	YES INO I
AN: endin icate icate or re	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF CAUS
SICH SELLING	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While of work of wor
PHY ol or this or this c	Hour a. st. While Not while of work of work of work follows.
ING d for d for lt, cr	21. I certify that I attended the deceased from 18
RIND Sche bo	alive on 3 - 6, 19 5 9, and that death occurred at 8 34 M, from the causes and on the date stated above
det de	ACTUAL D 73 (13) DATE SIGNE 31. ( ) ADDRESS (Street, city or lown, stote) DATE SIGNE
Par	SIGNATURE M.D. 6014 CITYPUTTI COV 2 01/134
refoi RAL shoul stror	PHYSICIAN'S N 13. STEWARD 314 Compton are Lagued
V be 3 c 3 c c c c c c c c c c c c c c c c	220. BURIAL CREMATION, 22b. DATE THEREOF 22c. MAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
O O O O	Burial Mar 8/959 XV-4 Hell Caurel mcf
VS A15 (4)	23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS PLANE 240. RECID BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE MAR 1 0 '59  OFFICE MAR 1 0 '59  OFFICE ADDRESS PARTIES ADDRESS PLANE 8 # 120 PARTIES ADDRESS PARTIES PARTIES ADDRESS PARTIES PA
15M 9/55"	Herriel mod
	) October of Maria



HEALTH DEPT

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3452 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03459

Reg. Dist. No.

•		CE OF DEATH			2. USUAL RES	HDENCE (V	Vhere deceas	ed lived If i	nstitution- Res	dence bef	are odm s	sion)		
	D. C		ince Georg	es	MARYI	LAND	a STATE	New	York	ь. со	UNTY			
	b. CI	TY OR TOWN (If	outside corporate finits, write	RURAL	c. LENGTH OF STAY	N 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
7	Riverdale 3 hours							New	York		69	X - 3		
	d N	AME OF HOSPITA	L OR INSTITUTION (	not in hos	pital, give street address	)	d STREET					//	e I. k.	
346		Leland	Memorial H	ospit	al		2132	G]	leason	Aven	ie			NO S
	3. NAA	AE OF EASED	Firs	t	Middle		lost		4. DATE	A	Aanth	Doy	Yu	or
	(Тур	or print)	Matthew			Corm			DEATH	March	1 16,		19	59
	5. SEX		6 COLOR OR RACE	7. MARRIE	ED T NEVER MARRIED	8	DATE OF BIRTH	1		9 AGE (In yes lost birthday)	#F UND	RIYEAR	IF UNDE	R 24 HR5
		Male		7-11-18	92		00	yrs. Manths	Days	Hours	Min.			
	10a US durin	UAL OCCUPATIO	N (Give kind of work of life, even if retired)	lane 10b K	IND OF BUSINESS OR I	NDUSTR	Y 11. BIRTHPL	ACE (State	ar fareign co	ountry)	12 €	ITIZEN OF	WHAT C	OUNTRY
	_	etired		1	Bus driver		Irel	and				U.S.	A .	
	13. FAT	HER'S NAME					14 MOTHER'S	MAIDEN N	IAME			_~ 1 10 40		
		Patri	ck McCorm	ack				Mar	y Ann	Fav				
	15 WA	S DECEASED EVE	R IN U.S. ARMED FOI	CES? 16.	SOCIAL SECURITY NO	37. IN	FORMANT				dress			
	Ye		W.W. I		088-07-0371	Bro	idgit M	icCorm	ack.	Sama s	address			
			H (Enter only one cou	THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS O		1	TASTA T	00021	St VIII	-043/16	WANT COR	INTER	VAL BETWEE	by
			H WAS CAUSED BY									CHISE	AND DEAD	(1
,		815X	MMEDIATE CAUSE (0) DUE TO		Hemo	mnhe	ige and	shool	le.					
	l c	inditions, if an								& Dada	adat a			
	80	gove tive to immediate course												
		to, round the ordering												
	N N	PERFORMED?												
	200	EXTERNAL CAU	SE WAS Ton	DESCRIBI	WITCH HELLIA	RED (EA	OL SU	OHRETI	Lor Parille	HUESUL	nes•		ES 🔀	NO []
	CERTIFICATION 134 134 135 136 136 136 136 136 136 136 136 136 136	MARY OF CON	TRIBUTING []		edestrian.		uck by			,				
		TIME OF INJUR			NJURY OCCURRED 70	E PLACE	COLINIUS OF	tome form	206 1036	-10 a		anniy)		(State)
	20c 7	Hour 30%	3- 15- 191	While	ı Nat while⊖	factor	y, street, office	bldg., etc.						
		LO pm		/	rk ot work		hway	6 .		ege Pa		r. Ge		Md.
					emoins described		_							in my
	op	inion death i	esulted from: 1	latural c	auses , Accid	lent K	L Suicide	ا ,ایا	domicide	, Uno	letermined	monne	r 📙	
	1	TUAL	1	me	1/2				_				DATE SI	Sellen
	sic	SNATURE	gmo!	1.11	aloney		W.D		AMINER [				DAIL SI	BITED
	EXAMINER'S								AL EXAMINE					
	N/	IME (Type)	John T. Mal		M.D		DEPUTY	MEDICAL E	XAMINER C	N	larch	16, 1	1959	
	22a BU Rt	RIAL CREMATION	3/20/59	F	724 HAME OF CENTER	RY PRY	MEMATORY /		22d 19CAT	ON ICAN IA	wn, or county)	*	(State)	alde
					St/Karmon	nd I	ations	1 Cer	A CA	nelaw	n, New	Yor	k	
	23. FUN	IERAL DIRECTOR'S			ADDRESS				BY REGISTI	AR 246 I	EGISTRAR'S S	IGNATUR	E	
		F. Ga.	sch's Sons	Hy	attsville l	Md.		DATEMA	R 1 9 '59	(	I will not I	Trended	L	

4 should be artificate, w 4 should be arded 1 TO FUNERAL CTOR: or its design. c agent, VS ATSME 5M 2.57

DEEUTY METICAL EXEMINER: This certificate shareful in pencil in liem, 18 may offer death. If any delay is recurle the certificate, writing the word "pending" in pencil in liem, 18. Give Pages 1, 2, and 3 to the funeral should be carded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be relatined FUNERAL CTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State is designed.



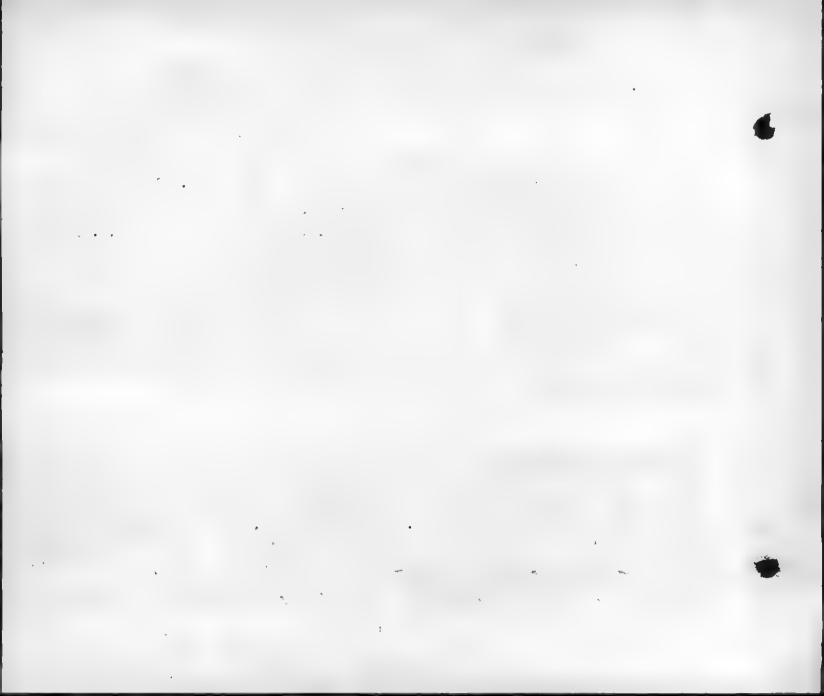
VS A15 (4) I5M 10/57

MARYLAND STATE DEPARTMENT	OF HEALTH-BALTIMORE, 18
---------------------------	-------------------------

3453 CERTIFICATE OF DEATH

03460

0200	key. Dist. No.
1. PLACE OF DEATH g. COUNTY	2. USUAL RESIDENCE (Where deceased lived If institution. Residence before admission) a. STATE b. COUNTY
Prince George MARYLANE	Maryland Prince George
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	b c. CITY OR TOWN (If autside corporate fimits, wrste RURAL and give nearest town)
Cheverly	Langley Park Hyattsville
d NAME OF HÖSPITAL (If not in hospital, give street address) OR INSTITUTION	d. SEEL ADDRESS A. AVO.
Prince George General Hospital	YES NO
3 NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) Baby Boy Mo Gown	Mo Gown DEATH Mar 28 19 59
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	R DATE OF BIRTH 19 AGE (In years IF UNDER 1 YEAR IF UNDER 74 HPS
WIDOWED TO DIVOPORT TO	Mar. 23,1959 lost birthdoy) Months Boys 225 25
NO A CONTRACTOR OF THE CONTRAC	
10a. USUAL OCCUPATION (Give kind at work dane during most of working life, even if retired)  KIND OF BUSINESS OR INI	DUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
13. FATHER'S NAME Rae Mo Gown	14. MOTHER'S MAIDEN NAME Goudie
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 1761, no. or unknown) 4 (If yes, give wor or dates of service)	/. INFORMANT Address
	Mother, Jeanne Mc Gown, Same
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) ]	I INTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY:	From alellet 200
IMMEDIATE CAUSE (a)	rean cerce e.1 1897
762.0 DUE TO	
Conditions, if any, which ) (b) / elelon V	n are Judlin sount. do
gave rise to immediate cause (a), stating the under:	
lying cause last (c)	
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY
COATI	PERFORMED? YES  NO
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B  20g ACCIDENT WAS UNDERLYING TO 20b. DESCRIBE HOW INJURY OCCUR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Part t or Port II of item 18.)
	PLACE OF INJURY (Home, farm, 20f. (City or tawn) (County) (State)
Hour a.m. White Not while	factory, street, affice bldg., etc.)
p. m. 19 at work at work	
21. I certify that I attended the deceased from Mar 23	19.59., to Mar 26
	oth accurred at 8:454. M, from the causes and on the date stated above.
The state of the s	ADDRESS (Street, city or fown, state)  DATE/SIGNED
ACTUAL of Love my Man del	-NO 4506 COLLEGE AVE 3/26/5
SIGNATURE 6 JOLICE 01 FEBRUARE	-M.D. TJUB COLLEGE MVE 31-15
PHYSICIAN'S C, LOUIS MENDEL	COLLEGE PARK Md
220 BURIAL, CREMATION, 226 DATE THEREOF 220 NAME OF CEMETERY	
PEMOVAL (Specify)	e!s General Hospital, Cheverly, Pa.
23. FUNE (AL DIRECTOR'S SIGNATURE ADDRESS Harry W Pel	
Harry W Pel	



		()	J	4	U	
Reg. Dist.	No.					

PLACE OF DEATH					2 USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission)							
o. COUNTY	non Ganna	_	MARY	11	o. STATE  b. COUNTY							
	nce George:		€ LENGTH OF STAY		c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)							
RURAL and give no	earest lown)	, , , , , , , , , , , , , , , , , , , ,			C CHT ON TOTAL (II during corporate limits, write KOKAL and give negress lown)							
	everly (At (If not in haspital, g	ina strant	2 days		Cottage City						·CF	
OR_NSTITUTION					/						ON A FAP	W>
	Georges Ge	neral	Hospital		37	13	43rd	Ave			YES NO	K
3. NAME OF DECEASED	Fire and the second sec	nt	Middle		Last		4. DATE OF	1	Month	Doy	Year	
[Type or print]	John	,		McKe			DEATH		arch		6 195	
5. SEX	6. COLOR OR RACE	7 MARI	RIED 🛣 NEVER MARRIE	ED 🔲 B I	DATE OF BIRTH		1894	<ol><li>AGE (In year lost birthda</li></ol>			HOUES N	HRS A n
Male	White	WIDOW	ED DIVORCEI		25 Sep	t.	1895/		YFS	Doys	FIGURS 19	V II
10a USUAL OCCUPAT.O	ON (Give kind of work lung life, even if cetired	dane 10b.	KIND OF BUSINESS O	R INDUSTR		-	or foreign co	ountry)	12. C	ITIZEN OF	WHAT COL	JNTRY
	Retired	<i>'</i>			Hungar	LA				US	A	
13 FATHER'S NAME					14 MOTHER'S MA							
Jones Mik	heller				Anna V	Tolf	•					
15 WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16	SOCIAL SECURITY NO	, 17. INFO	DRMANT			- 1	Address			
(Yes no or unknown)	(If yes, give wor or dates of s	ervice)	5 <b>87</b> 78 10 72	246 E	Sarle Mol	oll	ar 5E	Parkwa	y Rd,	Greet	nbelt	Md.
18 CAUSE OF DEA	TH [Enter anly one co	use per li	ne for (o), (b), and (c).	1						INTE	RVAL BETWE	EN
	TH WAS CAUSED BY:	_	10.10	0	11. 1						T AND DEA	
1 ° ×	IMMEDIATE CAUSE (c		~ Court		V 1 A							3
Conditions, if o		A	dania	000		Jan	1	1				
gove rise to i	mmediate (	1110	Lienno	IV CHE		_	All	28 4		-		
	couse (o), stoling the under											
	PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY											
74111.011	TER SIGNIFICANT CON	IDH IONS T	COMIK BOTHAG TO DEA	AIN BUI NO	JI KELATED TO TH	IE IERMI	INAL VIDEAGE	CONDITION	GIVEN IN PA		PERFORMED	D?
3 .	of the property of the	200 000	COME HOLL IN HUNDY O					11 . C 74 . 2 db 1			YES NO	<u> </u>
U (IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)	200. DES	CRIBE HOW INJURY OF	CCORKED (	Enter noture of, in	INTY IN I	Port I or Port	II of item 18 )				
	Y Month, Day, Ye			20e PLACE	OF INJURY (Hory, street, office bl	ne, form	20f. (City	or town)		(County)	(5	State)
Hour o.m.	19	While of wor	Not while	Tocior	y, sireel, diffice the	ug., eic.	1					
	at I attended the			-	195-9	2	-11	10/	~0 ,1	lest s	or Albaniah	
alive an 3	• 1 t	100		dooth a	ccurred at 6	15	Ass Comm	()	2, mai 1	1031 301	w ine dec	ensec
dila dil "3"	f-6		, and mar	deam of	ccorred at 21			reet, city or to		the date	o beibic e Satad	
ACTUAL		IN .			27/7	) :	000	/ h.	10	د	-1/	-
SIGNATURE	to the	TO THE		M.C	D-44-4		2.01/6	5			21-6-	
PHYSICIAN'S NAME (Type)	Dr.G. Hages	ge.,	M.D.	Y	When when allele dielel solve solve so	Cot	ttage	City N	ſd.		~ ~ ~ * * * * * * *	
270 BURIAL, CREMAT O REMOVAL (Spec fy)	Narch 18,	)f 195	22c. NAME OF CEME		ational		Arlin	ION (City, tow	m, or county) Va		(Stole)	
23 FUNERAL DIRECTOR			ADDRESS			- DECT	D BY REGIST	<del></del>	GISTRAR'S S	IGNIATURE	:	
	ch's Sons	Hva	ttsville 1	Md.			R 2 3 '59		enthur &	4		
	D 0110	***	OUNTEL 1	THE R	D/	V.LEmri, r.	11 2 3 00		di	, / walle	*	

the funeral director, and be filed with may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld setached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 21 the registrar prio. As burial, cremation, ar remayal, and in any event within 72 haurs after death.

Mage 4

TO MOSFILE OF ATTEMPT 6 PITT 1/AN: The faw requires that the death certificate be executed within 24 hours after Femily VS A15 (4) 15M 10/57



hours ofter death



MARYLAND S	STATE DEPARTM	ENT OF HEALTH	-BALTIM	ORE, 18		03463	
3489	CERTIFICA	ATE OF DEATH	<u> </u>	Reg	いり生り) teg. Dist. No.		
George	MATELANO	2 USUAL RESIDENCE (Who state Maryland	ere deceased I ved	l. If institutions Re b. COUNTY	sidence befare	admission)	
(If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or		mits, write RURAL	and give neare	st lown)	
21 - Bural	6 mos.	Ballir	nore	md.	21	1	
PITAL (If not in hospital, give street or	ldress)	d STREET ADDRESS				IS RESIDENCE ON A FARM?	
Bronch Norsi	ng ldome	1539 hoc	posony	132	,	YES NO TO	
First	Middle	Lost	4 DATE	Month	Day	Yeor	
Lercy		miller	OF DEATH	mar.	9	19,59	
6 COLOR OR RACE 7 MARKIE WIDOWED		Sapl 20 /	los	GE (In years IF U) t birthdoy) Mon		UNDER 24 HRS.	
TION (Give kind of work done 10b Ki orking life, even if retired)	IND OF BUSINESS OR INDUS	STRY 11 BIRTHPLACE (Stole (	or foreign country			WHAT COUNTRY?	
erk Ba	Timote Gos +	- BaiTimo	in gre	md.	U.S.	77.	
_	Flecivic	TA MOTHER'S MAIDEN N	AME /		· · · · · · · · · · · · · · · · · · ·		
Se A. Miller	r	Jane	Cr. 1	mathe	u.s		
VER IN U. S. ARMED FORCES? 16. 50	OCIAL SECURITY NO. 17 II	NFORMANT		Address			
21	2-65-0717	Nursing He	ome B	ecords	- 17	delphi md.	
EATH [Enter only one couse per line	for (o), (b), and (c) ]	-1	, -		INTER	VAL BETWEEN	

ī	o. COUNTY.	George	MATELANO	2 USUAL RESIDENCE (W. STATE Marvland		, If institution: Reside b. COUNTY	nce befare admi	ission)		
		outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)						
١.	17de/12h	1 - Bural	6 mos-	Balti	more	Mg.	21	1		
Г	d NAME OF HOSPITA	AL (If not in hospito), give street	oddress)	d STREET ADDRESS			e, IS RI	ESIDENCE A FARM?		
	12 ' 11 .7	ronch Nurs	ing ldome	1539 200	posad	130.		NO 🛣		
3	NAME OF DECEASED	First	Middle	Lost	4 DATE OF	Month	Day	Yeor		
L	(Type or print)	Lercy		miller	DEATH	mar.	9	1959		
5	SEX	6 COLOR OR RACE 7 MAR	RIED NEVER MARRIED	B DATE OF BIRTH	9 AG	E (In years IF UNDE t birthdoy) Months	R I YEAR IF UN			
L	Male	(1) WIDOW		Sapr. 20	1898 6	O yrs	Days Hour	Mn		
1	0a USUAL OCCUPATIO during most of work	N (Give kind of work done 10b ing life, even if retired)	- 44	USTRY 11 BIRTHPLACE (STOR	e or foreign country)	12. C	TIZEN OF WHA	AT COUNTRY?		
L	Ret. Clei	rk B	altimore Gas	F Bailim		mg.	U.S. 79			
1	3. FATHER'S NAME	V) 1	Flectvio	MOTHER'S MAIDEN	NAME /	٨				
	Georg	1 11111	: <b>'</b>	Jane	C+. 1	mathew.	S			
		R IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17	INFORMANT		Address				
	No	2	12-65-0717	Nursing B	ome B	ecords	- Ade	July md.		
		TH [Enter only one couse per I	ine for (o), (b), and (c) ]		1 -		INTERVAL I			
	PART 1. DEA1	TH WAS CAUSED BY: IMMEDIATE CAUSE (6)	coronaus	Meron	books		30	Mun		
	420.1	DUE TO	2 0/	1.11			>	7		
1	Conditions, if on		myo can	ollar Deg	enereli	-ost	1/9	en		
	gove rise to in couse (o), stating t									
ı	lying couse tost.	{c}								
Š	PART II OTH	ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	NINAL DISEASE CON	IDITION GIVEN IN PA	RT 1(0) 19. WAS	S AUTOPSY ORMED?		
	5							NO		
CITA CIDITORY		☐ CAUSE OF DEATH	CRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in	Port I or Port II of	item 18 )				
140000	20c TIME OF INJURY Hour o.m.	While		LACE OF INJURY (Home, for actory, street, office bidg., et	m, 20f (City or lov	wn)	(County)	(Stote)		
1		at I attended the decease	2/ 10	8 1058 - 1	wareh a	2. 19.59 that I	1	1 .		
	alive on	That I 4 10		h occurred at 2130	9.		last saw the			
1	dive on	2	e, , , and that dear	u occorred of TTSA	ADDRESS (Street, c			ted abave.		
1	ACTUAL CL	you Mly.	0	8248	- 340	*- (1-1)	. 3/	10/50		
П	SIGNATURE	, , , ,	MANA	MD	2			-1-1		
	PHYSICIAN'S NAME (Type)	TERRILL !	y. Cross H	D- Silve	2 Spru	is ha	ylan			
2	20 BURIAL, CREMATION BUILDING	3/12/59	Loudon Par	k Cemetery	Balt im	eny town, or county)	vland	otel		
23	FUNERAL DIRECTONS	SIGNATURE 3000 E.	- AD00000		D BY REGISTRAR	24b. REGISTRAR'S S				
	OITH W. M.	PLWII-9000 TP	Dal Cumone c	DAMEAD		arthur & ?				
-				1313	- C - V V	- Currial	VIAMA.			



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3456 **CERTIFICATE OF DEATH** Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) o. COUNTY **b. COUNTY** MARYLAND rivice fow ourd b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN [If outside corporate limits, write RURAL and give nearest town] RURAL and give nearest town) > O. d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS OR INSTITUTION Hoso 0 emorial ano 50 NAME OF Middle 4. DATE DECEASED (Type or print) rew DEATH ave ONOT 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY Newspaper - Writer innesota 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Span.- Ame 18. CAUSE OF DEATH | Enter only one cause per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) **DUE TO** Conditions, if ony, which ] gove rise to immediate **DUE TO** cause (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY to Leilear 20g. ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c, TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, | 20f. (City or town) Day, Year Hour o. n. factory, street, affice bldg, etc.) While Not while at work 🔲 of work p. m. . 1927, that I last saw the deceased 21. I certify that I attended the deceased from and that death occurred at \_\_\_\_\_M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL PHYSICIAN'S URDIE NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) EMETER BURIAL

**ADDRESS** 

03464

a. IS RESIDENCE

0

INTERVAL BETWEEN ONSET AND DEATH

HAM.

PERFORMED?

YES NO T

(Stote)

(Stote)

(County)

24b. REGISTRAR'S SIGNATURE

240. RÉC'D BY REGISTRAR

ON A FARM?

YES NO IX

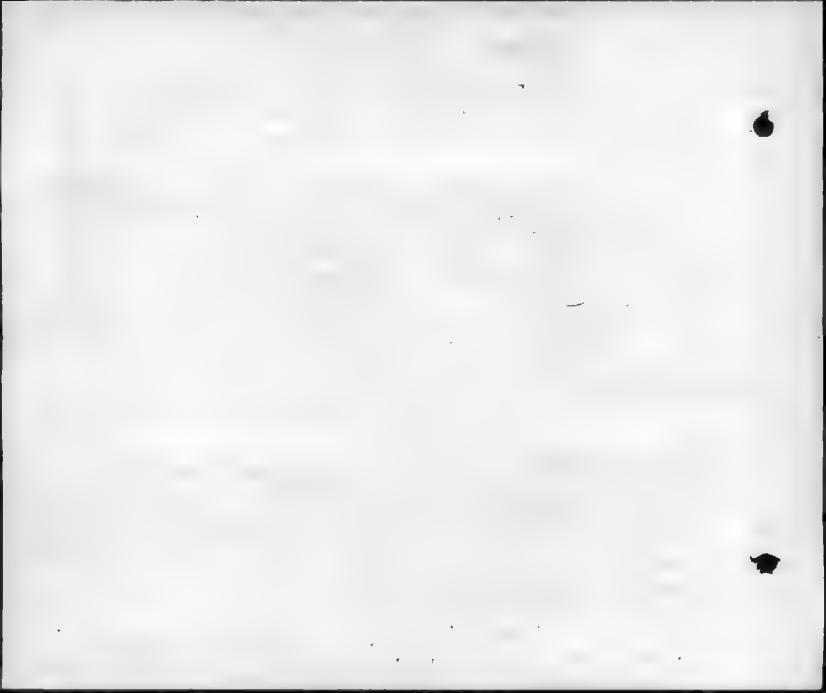
19 5

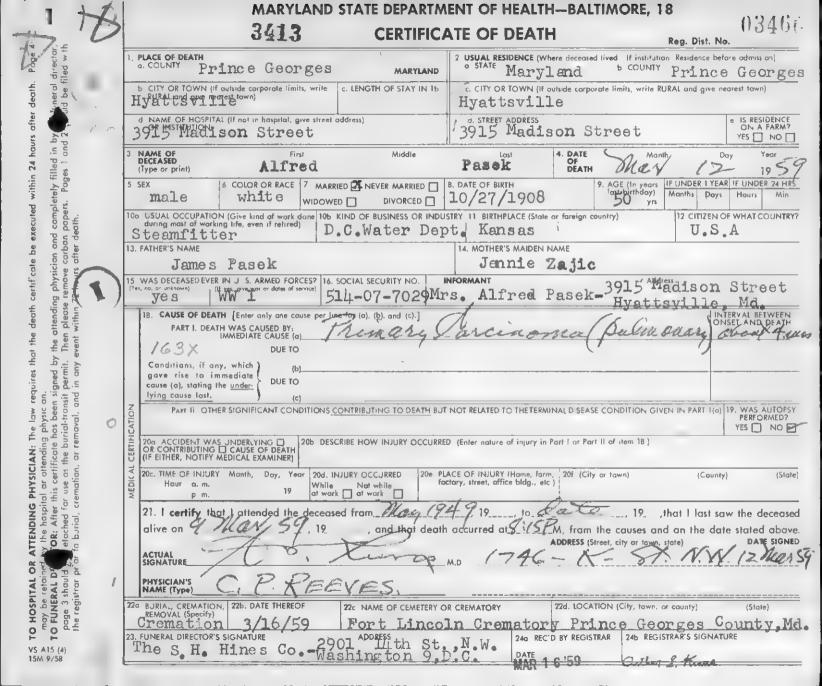
23. FUNERAL DIRECTOR'S SIGNATURE



VS A15 (4) 15M 10/57

	LTH—BALTIMORE, 18
CERTIFICATE OF DEA	ATH
3490	Reg. Dist. No.
O COUNIT F 7	E (Where deceased lived. If institution Residence before admission)
Inince yeonges MARTIAND Ma	b. COUNTY PRINCE GEORGE
b CITY OR TOWN (If autside corporeté limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN RURAL and give nearest town)	N (If outside corporate limits, write RURAL and give nearly) fown)
Decatur Heights 23 yrs XDELAT	
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 5203 4pshu.ns 57.  5203 4pshu.ns	411 61818
13 NAME OF DECEASED (Type or print) WILLIAM First Middle OWENS	4. DATE Month Day Year OF DEATH MAILCH 31 1959
5. SEX 6. COLOR OR RACE 7 MARRIED ANEVER MARRIED B DATE OF BIRTH	9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
MALE WHITE WIDOWED DIVORCED NOV. 9, 1	890 (86) Worlds Days Hours Min
100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (during most at working life, wen if retired)	(State or foreign country) 12 CITIZEN OF WHAT COUNTRY
The state of the s	mouth 1/t. USA
13 FATHER'S NAME	DEN NAME
William 3. Omens Chron	Alamada also
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (19 year, gives were or dates of service)	Address
	WENS
The CAUSE OF DEATH [Enter only one couse per tine for (o), (b), and (c)]  PART I DEATH WAS CAUSED BY	INTERVAL BETWEEN ONSET, AND DEATH
IMMEDIATE CAUSE (a) LORONA RY 1180	m bosis 6has.
4-20. DUE TO	
Conditions, if any, which against to immediate (b)	
couse (o), stating the under-	
lying cause last.   (c)	TERMINAL DISCUSS CONDITION ONCO DA PLATE LA TRACTILIDADE
Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	PERFORMED? ,
200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury)	YES NO P
200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injul OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ry m ron rot rutt it of new to j
	, form, 20f (City or tawn) (County) (State)
20c. TIME OF INJURY Month, Day, Year Haur a. m. 19 20d. INJURY OCCURRED While Not while at work at work at work	, etc.]
21. I certify that I attended the deceased from JAN , 1957, to	MARCH 31, 1959, that I last saw the deceases
alive an MARCH 31 1959, and that death accurred at 79	15 AM, from the causes and an the date stated above
1 Dich	ADDRESS (Street, city or lown, state)  DATE SIGNED
SIGNATURE MINISTER L'ANAL M.D.	7507 Penny ST 3/31/5
PHYSICIAN'S NORMAN DONAT COMERU	MT. PHINIER ML
220 BURIAL, CREMAT ON, 226. DATE THEREOF 220 NAME OF CEMETERY OR CREMATORY BUFIAL Specify 4/2/59 Ft. Lincoln	22d LOCATION (City, town, or county) (Stote)
	Colmar Manor Md.
	REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE
DATE	EAPR 2 '59 Ciriling S. France







8
8

457	CERTIFICATE	OF	DEATH
44 7 4		••	

Dist	*1	3	4	6	h

	3457		CERTIF	ICA	TE OF D	EATH	1		Reg. Dist.		700
1. PLACE OF DEATH 6. COUNTY Prince	George		MARYL	AND	2. USUAL RESID o STATE Maryl		ere deceased i	Printing			ssion)
b CITY OR TOWN (I RURAL and give no	f outside corporate limi	ts, write   c.	RNGH-0135WI	Mp	c. CITY OR TO	OWN (IF o	ulside corporo	le limits, write R	URAL and give	e neoresi tov	vn)
· ·					× Belts	ville	(Ger	noral De	livery	•)	
OR INSTITUTION	AL (If not in haspital, g				d STREET AL Virgin		anor St	treet		ON	A FARM?
3 NAME OF	orge Gener		Middle		Last		4. DATE	Mon	th	Dayry	Year e o
(Type or print) R	alph	Ivar		P	oole		OF DEATH	Mar.		17	Year 59
5 Kale	6. COLOR OR RACE	7 MARRIED	NEVER MARRIED		Sept.1	0, 19	9.58	. AGE (In years lost birthday) yrs	Months De	YEAR IF UNI	
100 USUAL OCCUPATION during most of work	ON (Give kind of work king life, even if refired Infant	done 10b KINI )	D OF BUSINESS OR	INDUS		CE (State		nlry)		U.S.A.	T COUNTRY?
13. FATHER'S NAME			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		14. APRESTS	MAIDEN N	IAME				
Frank Po	111				Rachel	Am	n Ingr	am			
15 WAS DECEASED EVE			IAL SECURITY NO		NFORMANT			Add			
(Yes no or poknown)	None	]	None	Fra	ank I. Po	ole,	111, Ge	eneral I	el.Bel	tsvil.	le, Md.
18. CAUSE OF DEA	TH [Enter only one co	use per line fo	or (a), (b) and (c).]			l j	/			INTERVAL	BETWEEN
PART I, DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (c		care	ua	d y	an	lun			ONSET AN	D DEVIH
455	DUE TO			1)	. /)			1			Δ.
Conditions, if o		M	mmz	ra	gel Un	re. 4	2604	5 6 K	o del	remed	,
gove rise to it		)		(				,			
lying couse lost.	) («	)									
PART II OTH	IER SIGNIFICANT CON	DITIONS CON	TRIBUTING TO DEAT	TH BUT	NOT RELATED TO	THE TERMII	NAL DISEASE (	CONDITION GIV	'EN IN PART 1	PERF	AUTOPSY ORMED?
	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	206. DESCRIB	E HOW INJURY OC	CURRED	(Enler noture of	injury in P	ort I or Part I	1 of item 18 )			
20c, TIME OF INJUR Hour o. m. p. m	Y Manih, Day, Ye	While of work	Not while	20e. PLA Foci	CE OF INJURY (H lary, street, office	ome, form, bldg., etc.	20f (City o	r lown)	(Co.	unly)	(Slote)
21. I certify th	ot I oftended the	deceased	from ma	(7	, 19.57	A THE R. (1978)	Tha.	12 1954	that I la	st saw the	e deceased
alive on	VOT 9 T.	19	ے۔, and that c	death	accurred at		_,M, from	the causes o	and an the	date sta	t <mark>ed a</mark> bove
ACTUAL SIGNATURE	Jelin W	Juli	2	^	ND 5301	Han	ADDRESS (Stre	et, city or lown,	stole) Lele	3/	1809
PHYSICIAN'S NAME (Type)					aper term come takes taken aper term come	* ** ** **		"/	nil		/ /
220 BUR AL CREMATIO	4		NAME OF CEMET	TERY OR	RCREMATORY		22d LOCATIO	ON (City, town,	or county)	(St	ote)
REMOVAL (Specify) Burial	March 20/	1959 V	Washing to	n Na	t'L Com.		Suitlar	nd, Pr.G	eo.Co.	.Md.	
23. FUNERAL DIRECTOR	S SIGNATURE		ADDRESS				BY REGISTRA	7	STRAR'S SIGN		
W.W.Chamber	s company,	KIVOR	dat 10 Mg.			DATE AT	R 2 0 '59	3 0	Thun 8	4	



1./1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
7		3414 CERTIFICATE OF DEATH  Reg. Dist. No.
Page 4	1.	PLACE OF DEATH  D. EQUITY  O. STATE  MARYLAND  2 USUAL RESIDENCE (Where deceased lived. If institution: Regidence before statistion)  O. STATE  MARYLAND  2 USUAL RESIDENCE (Where deceased lived. If institution: Regidence before statistion)  O. STATE  MARYLAND
deoth:	-	b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 1b C. CITY OR TOWN (If sulfide corporate limits, write RURAL and give marest lown)  WRAL and give marest town)  Typical corporate limits, write RURAL and give marest lown)
and the state of t	Z	d NAME OF HOSPITAL (If not in hospital, give street ordinal)  or History Hospital (If not in hospital, give street ordinal)  or History Hospital (If not in hospital, give street ordinal)  or of STREET ADDRESS  ON A FARM?  YES [] NO []
24 hau illed in es 1 and		NAME OF Blanche A: Charles Last 4. DATE Month 3 Day Year DECEASED (Type or print) Blanche A: Charles Cy DEATH 3 1.30 1959
d within is. Pag. 15. Pag.	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9. AGE (In years intrody) Hours Min William Will
ond comp bon poper by death.	100	LUSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country)  doring most of working life, even if retired)  LUGUELO
a 5 5 5	13	FATHER'S NAME House Poroe cesed Betty alice Crimiquer Secret
ng physical remove 72 fours	15. (Ye	WAS DECEASED EVER IN U. S. ASMED FORCES? 16. SOCIAL SECURITINO 17. INFORMANTIFICE LOUISE HOME PROPERTY OF SOCIAL SECURITINO 17. INFORMANTIFICE LOUISE HOME PROPERTY OF SOCIAL SECURITINO 17. INFORMANTIFICE LOUISE ABOVE
attendii n please r within		18. CAUSE OF DEATH [Enter only one cause per line for (a) (b), and (c).]  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Caralina / Circular and Caralina / Carali
that the by the it. The		Conditions, if ony, which) to Con brad reclamosalcrase. 54M
in. signed ii perm nd in or		gave rise to immediate couse (o), staling the under lying cause last.  DUE TO
physicia os been iat-trans avol, or	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?  YES \[ NOTICE N
ending ficate h the bur or rem	CERTIFI	20g. ACCIDENT WAS UNDERLYING TO 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSIC of ar off his certif use as emation	MEDICAL	20c. TIME OF INJURY Month, Day, Year 10d. INJURY OCCURRED Haur a. st. 19 While Not while at work of work of work 19 of work 19 Not work 19
ADING Pospite Affect of Carlotte Carlot		21. I certify that I attended the deceased from Sept
d by the CTOR of the by the ctor of the by the ctor of		ACTUAL SIGNATURE ALL Kehae MD.  ADDRESS (Streel, city or town, state)  3/30/59
relaine shaw stror Arr		PHYSICIAN'S JOHN KEHOE 3404-Cheverly ave Cheverly M
Poge 3	200	BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City Hown, or county) (Stote) of REMOVAL (Specify) L1/2/59 Fort Dinson Colman Manor; Md
YS A15 (4)	23.	FUNERAL DIRECTOR'S SIGNATURE  ADDRESS MA, ROULL 240, REC'D BY REGISTRAR 246, REGISTRAR'S SIGNATURE  DATE DR 2 150 Children S. House
15M 9/55		On - DATE DATE 159 ailus S. Frank



## **FOR STATE** MEALTH DEPT.

PLACE OF DEATH

d NAME OF HOSP

Prince

· COUNTY b. CITY OR TOWN (

3. NAME OF DECEASED (Type or print)

13. FATHER'S NAME Unk. 15. WAS DECEASED EV (Yes, no. ar enthown) Tes 18. CAUSE OF DEA PART I. DEA

> Conditions, 'f gove rise to imme

20c TIME OF INJURY

NAME (Type)

270 BURIAL CREMATION 226 DATE THEREOF

Month, Doy, Year

5. SEX Male 10a USUAL OCCUPATION during most of works Watch

al director. Page de your files. ricate, w

1   EPU	execute	4 shou	TO FUNE
٧S	A	15	ME
51	W S	7, 5	37

-3458 Prince Georges	MARYLAND	2. USUAL RES	D.C.	lived If institutions  6. COUNTY	Residence before admission)
cheverly	D.O.A.	c. CITY OR	TOWN (If outside corpore Washington	ole l'mils, write RURA	AL and give nearest lawn)
AL OR INSTITUTION (if not in hose leorges General 1		d STREET A	Soldier's H	[ome	ON A FARV C
Pierce	Middle Ge (	lost Duinn	4. DATE OF DEATH	March March	30 Tyeor 19 59
6 COLOR OR RACE 7 MARRITURE WIDOWE	ED NEVER MARRIED 8	DATE OF BIRTH 11-1-82		AGE (to years left berthdoy) Mor	NDER TYEAR IF UNDER 24 HRS
DN (Give kind of work done 10b 1 ig life, even if retired)	(IND OF BUSINESS OR INDUST		CE (State or foreign coun Lithuania MAIDEN NAME	127)	U.S.A.
		Unk.			
ER IN U.S. ARMED FORCES? 16	1	SCORMANT O	f St Elizabe	th's Hosp	Soldier'
TH (Enter only one couse per line	for (o), (b), and (c) ]				INTERVAL BETWEELE CINSET AND DEATH
TH WAS CAUSED BY: IMMEDIATE CAUSE (0)	Toxemia				
DUE TO					
ny, which diote couse DUE TO	Acute pne	monitie			

	(0), stoting the underlying [ DUE			
	couse lost.	(c)		
Z	PART II, OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART IT		
CATION	Cardiovascular	renal disease and aortic aneurism.	YES DO	NO [
CERTIF		20b DESCRIBE HOW INJURY OCCURRED (Enfer noture of injury in Port I or Fort II of item 18)		

20e PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) Hour g. m Not while of work of work 21. 1 certify that I took charge of the remains described above, held an Autopsy K., Inspection X., Inquiry X., and in my

opinion death resulted from. Natural couses . Accident . Suicide , Homicide , Undetermined monner ACTUAL **BATE SIGNED** 

CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S

206 INJURY OCCURRED

John T. Maloney, M.B. DEPUTY MEDICAL EXAMINER March

220 NAME OF CEMETERY OR CREMATORY 22d. LOCATION (Cily, town, or county) (Stole) Ceme Soldier Home National D.C. Washington

(County)

30. 1959

(Stote)

23. FUNERAL D RECTOR'S SIGNATURE ADDRESS F. Gasch's Sons Hyattsville, Md. 24a REC'D BY REGISTRAR 24b. REGISTRAR S SIGNATURE Ciriling & France



03475

3491	CERTIFICATE	OF DEAT
------	-------------	---------

H Dan Disk Ma

										Keg. Dis	ir. reg.		
1. PLACE OF DEATH  o. COUNTY  Pri	nce George	S	MAR	YLAND	2. USUAL RES	D. C.			institutio DUNTY	n- Residenc	e before	admissio	n)
b CITY OR TOWN (	If outside corporate lim		c. LENGTH OF STAT	/ IN 1b	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)								4
RURAL and give in	ele (rural)		2 months	5 &c	Washington 4								
d. NAME OF HOSP	TAL (If not in hospital, s	give street	U & days									ENCE	
OR INSTITUTION	Glenn Dal				9th & 1	N.Y.	Ave.,	N.W.	D.C.	- 1	3X /	ON A F	ARM?
3. NAME OF DECEASED (Type or print)	Fii Lu	-	Middle Ma		Ram		4. DATE OF DEATH		Mont	h	10	Ye 19	r'o.
S SEX	6 COLOR OR RACE	7 MARR	IED T NEVER MARR	IED 🔲	B. DATE OF BIRT	TH		9 AGE (In	years	IF UNDER	I YEAR IF	UNDER	24 HRS
Female	White	WIDOWI	DIVORCE	ED 🔲	4/6/2	1		last birt	hdoy) yrs.	Months	Days	Hours	Min
10a USJAL OCCUPATION during moil of work Waitress (	ON (Give kind of work king life even if retired 3 yrs., ag	1 1	KIND OF BUSINESS	DR INDU		rginia		country)		12. CITI	ZEN OF USA	WHAT C	OJNTRYP
13. FATHER'S NAME					14. MOTHER'S	MAIDEN I	NAME						
Charles 1	. Palmer				Ka	tie Pe	etty						
15 WAS DECEASED EVE	R IN U.S. ARASED FOR		SOCIAL SECURITY NO	) 17. I	NFORMANT				Addn	255			
-	(in yes, give not or odies or s		25-28-6188	8	Deceden	t		-					
18. CAUSE OF DEA	1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]												
PART 1. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (o) Pulmonary hemorrhage 10 m									AND D	EATH Ites			
1 002	002 X DUE TO Lyears.												
Conditions, if ony, which ) (b) Pulmonary tuberculosis										mont			
gave rise to i	mmediate	/	.,								La .	HEOTI	7110
lying cause lost.	the <u>under-</u>	1											
PART II OTI													
3 Diabet	es mellitu											PERFORM	AED?
	AS UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY O	OCCURRE	D (Enter nature a	af injury in	Port I or Par	1 II of ilem	1B.)			7	
W 20c. TIME OF INJUR Hour o. m. p m.	Y Month, Doy, Yes	While	Not while at work	20e. PLi foo	ACE OF INJURY ( story, street, office	(Home, farm e bldg., etc	20f. (City	or town)		(C	ounty)		(Stole)
21 I certify th	at Lattended the	decease	ed from1	/2/	. 1959	_, to	3/10	) 1	959	,that I k	ost saw	the d	eceased
alive an	3/10	19	52, and that	death	accurred at	6:04	AM, from						
	.11 120	IND.					ADDRESS (S						SIGNED
ACTUAL SIGNATURE	SIGNATURE NO. Glenn									1	3	3/10/	59
PHYSICIAN'S NAME (Type)	Moe Weiss	M.D				Gle	nn Dal	e. Md	_				
220 BURIAL, CREMATIC		F	22c NAME OF CEN	ETERY O	R CREMATORY			TION (City,		county)		(Stotel'	
SEMOVAL (Specify)	2 3-13-	1959	Have	rie	4)		(1)	U.B	200	45		20	
23. FUNERAL DIRECTOR	S SIGNATURE	SHIE.	ADDRESS	rack	Me	1	D BY REGIST	A serie of the		RAR'S SIG		u.4	
	71					DAIL 1							



+ 4

03475

e. IS RESIDENCE

30

iis

Doys

YES NO

Year

10

Hours

12. CITIZEN OF WHAT COUNTRY?

59

Address 218 Newcomb St. Wash 20 DC INTERVAL BETWEEN ONSET AND DEATH hrs 4 min PART IE. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO (County) (State) March 30 , 19 59, that I last saw the deceased , and that death occurred at 8:10P M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) **DATE SIGNED** USAF HOSPITAL ANDREWS MARCH 30 1959 22d LOCATION (City, fown or county) **ADDRESS** 240 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18





MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03473MEDICAL EXAMINER'S CERTIFICATE OF DEATH OR STATE Reg. Dist. No. EALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) p. COUNTY Prince Georges files. Health, Marvland Pr. Geo. **b** COUNTY MARYLAND b CITY OR TOWN ( f outside corporate timits, wire RURA) c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate lim Is, write RURAL and give nearest town) (Newerly D.O.A. Landover d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) .d. STREET ADDRESS IS RESIDENCE Prince Georges General Hospital ON A FARM? 8200 Central Avenue YES NO M 3 NAME OF DECEASED 6 Middle 4. DATE Year (Type or print) Sam Richardson 20 DEATH March 19 59 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 1 8 DATE OF BIRTH 9. AGE (In years IFUNDER TYPAR IF UNDER 24 HRS last birthday) Months Days Hours Male colored WIDOWED | DIVORCED [ 100 USUAL OCCUPATION (G ve kind of work dane 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or fareign country) 12 CITIZEN OF WHAT COUNTRY? gud during most of working life, even if retired) Plasterer Construction S. Carolina U.S.A. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Lawrence Richardson Annie Campbel] 15. WAS DECEASED EVER N U S ARMED FORCES? 16. SOCIAL SECURITY NO Yes Anna Mae Dews; 227 Anacostia Avenue, Wash., D.C. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) ] ONSET AND DEATH PART I. DEATH WAS CAUSED BY Acute congestive heart failure IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which Cardiovascular renal disease gove rise la immediate cause **DUE TO** (e), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NALDISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? NO T 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 11 of Item 18) 20g. EXTERNAL CAUSE WAS FRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home form, 20f. (City or town) (County) (Slate) Not while factory, street, office bldg, etc.) at work of work 21. 1 certify that I took charge of the remains described above, held on Autopsy , Inspection X, Inquiry XI. arded CTOR: opinion death resulted from: Natural couses [4]. Accident [7], Suicide . Homicide . Undetermined monner ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER [7] **EXAMINER'S** John T. Maloney. M.D. DEPUTY MEDICAL EXAMINER TO NAME (Type) March 20. 220 BURIAL CREMATION, 226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or county) -(State) REMOVAL (Specify) 70 23 FUNERAL DIRECTOR'S SIGNATURE 24g REC'D BY REGISTRAR 246 REGISTRATES SIGNATINE VS. A15ME DATE MAR



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Hyattsville Maryland

03474

	3494	em 9 FilmG240	3-3	)-59 et	IL OI D	EACITI	Reg. Dist. N	lo.
1. PLACE OF DEATH	Imaa Caassa t	MARYE	- 11	USUAL RESIDENCE (NO STATE Mary)				efore odmission) George 1 5
6 CITY OR TOWN (	ince George (s. st outs de resporate limits, wate its nt Marlboro		N 1b	c. CITY OR TOWN (II		te limits, write RU		CATTORN W. CO.
d. NAME OF HOSPI		et in hospital, give street address	)   1	d. STREET ADDRESS	*			ON A FARM
3. NAME OF DECEASED (Type or print)	First	Middle <b>Lee</b>	]	Rickard	4. DATE OF DEATH	Month March	Do	Yeor 20 19 59
s. sex		MARRIED NEVER MARRIED  DIVORCED [		TE OF BIRTH ne 8, 1934	1 1	ast birthday]	UNDER TYEA	Nours Min.
100. USUAL OCCUPATI during mast of worki Auto Mec	ing life, even if refired)	School Board	ì	Virg	inia	477	US A	OF WHAT COUNT
	Ne <b>ls</b> on Rickar			MOTHER'S MAIDEN I				~ 4
15. WAS DECEASED ET (You, no. or unknown) YES	VER IN U. S. ARMED FORCE III yes, give was or dates of servi Korean		17. INFO	rmant ria Ann Ri	ckard	Upper Ma	r lboro	Md.
Conditions, if gove rise to imme (a), stating the couse last.	underlying DUE TO	Hemorrhag Crushed	hest					
200. EXTERNAL CA		ONS CONTR BUTING TO DEATH DESCRIBE HOW INJURY OCCUR OCCUPANT Of IN	RED (Enler		rt I or Port II of r	tem 18 )	and cm	PERFORMED? YES NO [
20c TIME OF INJU	3/20/ 1, 59		Rou	street, office bldg., etc Le # 4	Upp	er Marlb		
		the remains described tural causes , Accid			sy 🔲, Insp Homicide 🔲	_	Inquiry [2 lined mann	
ACTUAL SIGNATURE EXAMINER'S	James T. Paris	If Boy	L.M	D. CHIEF MEDICAL E	AL EXAMINER	,	ch 21.	DATE SIGNED
	James I. Boyd on 225. Date thereof March 24,	22c. NAME OF CEMETER	RY OR CRE			(City, fown, or		(Stale)
23 FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS		24g, REC	D BY REGISTRAR			

arthur S. Hraus

TO DEPUTY MEDICAL EXAMINER. This certificate should be executed within 24 hours ofter death. If any delay is n execute the certificate, writing the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral 4 should be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained 10 FUNERAL ECTOR: page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State or its design—4 agent, prior to burial, cremation, or removal, and in any eyeff will in 72 hours ofter death. VS A15ME 5M 2/57

F. Gasch's Sons



a 15 RE COEN LE ON A FARM?

YES NO TO

Hours

12 CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES X

> > DATE SIGNED

(State)

NO I

(State)

U.S.A.

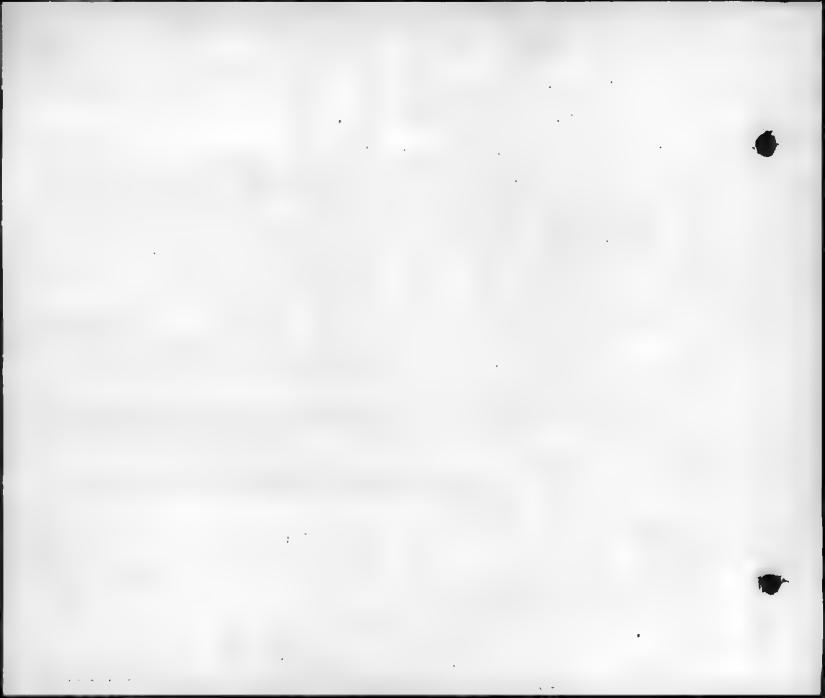
Reg. Dist. No.

Dayı

Oalling & House

(County)





1/4 1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
D:	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 03478
FOR STATE	Reg. Dist. No.
HEALTH DEPT.	1. PLACE OF DEATH 9. COUNTY 1. COUNT
8844	FINCE GROGES MARYLAND OSTATE Med 6 COUNTY IT. JEW.
a de	b. CITY OR TOWN (If outside corporate I mile, write BURAL ond give nearest town)
ctory	Glenardin 5 yrs 6/enarden ma
5.5	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give size address) / d STREET ADDRESS
E DE	215 Lincoln fre 215 Lincoln fre VES NO B
oine forte	3. NAME OF Last 4 DATE Month Doy Year
r de S	(Type or print) 1/1/1/dws Henry Sammons DEATH NIA 12 1959
of the state of th	5. SEX , & COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9 AGE 16 years IF UNDER LYEAR IF UNDER 24 165
MI 3 1	MINE WOOMED DIVORCED Fb 18 1887 7 Days Months Days Hours Min.
d 2 Show	10a USUAL OCCUPATION (Give hied of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY?
Pog on on 7	Guard Fed. Gout S.C.
4 2 4 2 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4 5	13. FATHER'S NAME
2 8 × 8 × 8	Ed Sammons Elizabeth (Travson
2 5 5 2 8 T	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT
G. 5. 5. 6. 5. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6.	(If yes, give wor or doles of service) 578-59-3249 Annie V.L. Sammas / 2/ makles me
E 15	18 CAUSE OF DEATH (Enter only one course per line for (o), (b), and (c) )
ond per	PART I DEATH WAS CAUSED BY: COVORANY OCCESSOR 5 his
The east of the state of the st	420.1 DUE TO
Official in	12 Mars 100
Per Cara	gove rise to immediate cause
in i	(c), storing the underlying (c) over 10 (c)
Sp.	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY
Sed Sed	Senilite : Cerebral Insu Hickey 185 NO
Hitting:	W 200 EVYEDNIAL CALVES WAS TON ASSOCIATED TO A SECOND WILLIAM OCCURRENT TO A SECOND WAS ASSOCIATED TO
Me Me	FRIMARY Do CONTRIBUTING D
The The State of Stat	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 120f (City or town) (County) (State)
TO SEE	Hour a.m. While Not while factory, street, office bldg., etc.)
A Print	21. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry , and in my
EXA EAST F	opinion death resulted from. Natural causes . Accident . Suicide . Homicide . Undetermined monner
oge oge	
S.E. S. S.	SIGNATURE HENRY C CLASS I'M D CHIEF MEDICAL EXAMINER 3/12/5 DATE SIGNED
W C C C	ASSISTANT MEDICAL EXAMINER
T the de be series	EXAMINER'S NAME (Type) /+ CAY /
Coute Coute Dans Francis	270 BURIAL CREMATION 12/6 DAJE THEREOF 220 NAME OF CEMETERY OR CREMATORY [22d LOCATION (City, town, or county) (Store)
0 × 4 0 0	Borist March 16-54 bincoln Nemerial Suitland Md.
7 2	23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240 REC'D BY REGISTRAR'S SIGNATURE
VS. A15ME 5M 2 57	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
6.7	Wash-2-DC
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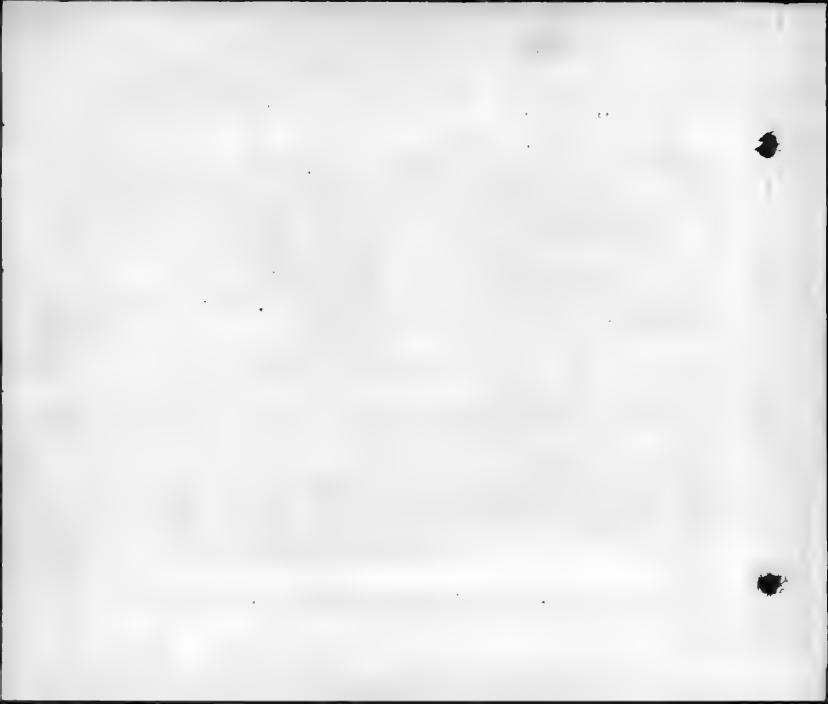
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	3496		CERTII	FICA	TE OF	DEATH	1			Reg. Dist		no44;
T. PLACE OF DEATH	Prince Georges	3	MARYL	16	Mary.	land	ere decease		nstitution DUNTY		e before	admission)
b CITY OR TOWN	(If outside corporate limits, w	rrite c LEI	NGTH OF STAY I	NIP		TOWN (If o	ulside corpo	prote limits,	write RU	RAL ond go	ve negre	st town)
Andrews A	FB., Wash 25,	DC	2 days		Port	Repub	lic		15			1
d. NAME OF HOS OR INSTITUTIO	PITAL (If not in hospital give	street oddress	1)		d STREET	ADDRESS					e.	IS RESIDENCE ON A FARM?
	USAF Hospi	Ital A	ndrews									YES NO
3. NAME OF DECEASED	First		Middle			<b>11</b>	4. DATE		Month	1	Day	Yeor
(Type or print)	Edr		Ð			dlin	DEATH		Marc		30	19 59
5. SEX	6 COLOR OR RACE 7.		NEVER MARRIE	D 📑 B.	DATE OF BIR	TH		9. AGE (In	F 100			UNDER 24 HRS
Female	Caucasianw		DIVORCED		October			59	уга.			
during most of w	TION (Give kind of work done torking life, even if retired)	105, KIND (	OF BUSINESS OF	R INDUSTI	Y 11. BIRTHI					12 CITIZ		WHAT COUNT
Housewi	<u>fe</u>		None			~	nnsyl	vania			US	
13. FATHER'S NAME	** 1				14 MOTHER							
La trace December 1	Unknown	2111 2221		Law core		Unkno	wn					
[Yes no or unknown]	VER IN U. S. ARMED FORCES	)			Husband John C. Sandlin Port Republic, Md							
No	NA NA		known	m	usband	Jonn	U. SE	andlin	l Po	ort Ke		
	PEATH {Enter only one couse: PEATH WAS CAUSED BY:			£							ONSET	AND DEATH O Hours
	IMMEDIATE CAUSE (o)	TITLE	rction o	т шу	cardi	1m					30	nours
420.0		Anta	rioscler	netta.	hount	diano	20					E Mandh.
Conditions, if gove rise to	immediate	WT. CO.	LIUSCIOL	Oute	mean c	ursea	30					5 Months
couse (a), slotin												
	OTHER SIGNIFICANT CONDITI	ONS CONTRI	RUTING TO DEA	THE RELT NO	OT PELATED T	O THE TERMI	NIAI DISEAS	E CONDITIO	NI GIVE	NI INI DADT	7(0) 70	WAS AUTOPSY
PART II. C	JIIIER STOTALINE CONDITI	Olto CONTIN	DOMAS TO DEA	171 001 74	DI KEDILDI	O ITIE CERMIN	NAL DIJEAJ	E CONDING	NA OLAKI	IN THE FART		PEREORMED?
200 ACCIDENT	WAS UNDERLYING [] 206	. DESCRIBE H	HOW INJURY OF	CURRED	Enler noture	of injury in P	orl f or Par	t II of item	18 )			DE NO
OR CONTRIBUTION (IF EITHER, NOTI	NG CAUSE OF DEATH											
	URY Month, Doy, Year	20d INJURY	OCCURRED :		E OF INJURY			or town)		íCo	ounly)	{State
20c. TIME OF INJ		While N	lot while	facto	y, street, offi	ce bldg., etc.	) }			ì		
	that I attended the de		1/	28	10.50	) . M	arch ?	30 ,	. 59			the deceas
1 1 '	March 30		_, and that									
GIIVE OIL		· · · · · · · · · · · · · · · · · · ·	_, una mar	deam d	ccorred o			n me cat treet, city or			1 Daie	DATE SIGN
ACTUAL SIGNATURE	sichard )	Su	ull	M	USA	AF HOS					ch 3	30 1959
PHYSICIAN'S NAME (Type)	RICHARD I. BE	EUER_C	CAPT USA	F (MO	ant	DREWS	AFB	WASHI	NGTO	N 25.	DC	
220 BURIAL, CREMAT		22c.	NAME OF CEME	TERY OR-				TION (City.				(Stote)
REMOVAL (Speci	M ARR. 2, 19	57 AM	PLINGT	ON	NATI	OVAL					V	14.
23 FUNERAL DIRECTO			DDRESS	- "	5 /		BY REGIST		. REGIST	RAR'S SIGI		Filmb
4.4.74	arkness X1	con-	mule	ind,	med.	DATE AP	R 6 '5	9	an	hun 8. 1	Torneed.	No.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page & may be retained by the hospital or attending physician.

TO FUNERAL CARECTOR: After this certificate has been signed by the attending physician and completely fittled page 3 sh. be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 she registra. For to burial, cremation, or removal, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

by the funeral director, mould be filed with



1 1	A		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	ア		CERTIFICATE OF DEATH  Reg. Dist. No.
Poge 4		1.	PLACE OF DEATH  a. COUNTY Prince Conge County MARYLAND  2 USUAL RESIDENCE (Where deceased fived If institution: Residence before odm ssign)  a. STATE  405-1)th tb COUNTY  b. CITY OR TOWN If outside corporate limits, write Ic IENCTH OF STAY IN Ib.  CITY OR TOWN If outside corporate limits, write Ic IENCTH OF STAY IN Ib.  CITY OR TOWN If outside corporate limits, write Ic IENCTH OF STAY IN Ib.  CITY OR TOWN III outside corporate limits, write Ic IENCTH OF STAY IN Ib.
eral be fi			RURAL and give nearest town!
er d fun buld		<u> </u>	Cheverly 40 yrs W. Thington, D.C. 47:
by the	17 1		d. NAME OF HOSPITAL (If not in hospital, give street address)  OF INSTITUTION  P ince Group General Respital  d. STREET ADDRESS  d. STREET ADDRESS  on A FARM?  YES NO
Talled in	-	3	NAME OF DECEASED  (Type or print)  (A) DATE Month Day Year  OF DEATH  (Type or print)  (Type or print)
4 수 2(	1	5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HRS
Be de l		1	C. Tale White WIDOWED DIVORCED 8-7-1881 /8 770
execute nd cam on pape death.	•	100	USUAL OCCUPATION (Give kind of work done double for the double for
orbe		1	FATHER'S NAME 14 MOTHER'S MAIDEN NAME
cole sicio ve c		_	illiam J. Mayo ry lichop
Phy ema		15  Y+	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT  Address 7 (If yes, give wor or dotal of service)  Address 7
th o		-	10   10   1579-03-505B1.1 nuri e-kon Pittar F
the attent Then plea			18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) Congastive Heart Factors  1421,0  DUE TO
equires the in, signed by it permit, ad in any e			Conditions, if any, which gove rise to immediate couse (a), stating the under-lying cause last.  (b) Dryocardial Santa Literary  (c) Creares and Constitution of the santa Literary  (c) Creares and Constitution of the santa Literary
sicio seen rans		Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
he le phy tas l ial-	0	3	YES NO [
fAN: T ending ficote I the but		CERTIFICATIO	20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18)
PHYSIC al ar aff this cert r use as emation		MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Hour a.m.  Po. m 19 A wark at work 19 A
No de la constante de la const			21. I certify that I attended the deceased from 12/17 1958, to 1/2, 1958, to 1958, that I last saw the deceased
A Price			alive an 3/12
deto deto			ADDRESS (Street, city or town, state) DATE SIGNED
a p			SIGNATURE Charcelesco DI - Jacy M.D. 403 EAST CAPITUL
PITAL PIER Shat shat shat shat	1		PHYSICIAN'S Claudine M. Gail Wasiting in
may by FUNE		220	BUR AL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State)  Objective 3/16/59  Objective Cem. Chirottoville, V
7 2			FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE
VS A15 (4) 15M 10/57		J	.lim. Loet Sons -300-Ath St. N.E. Hoch DATE MAR 16'59 Chilling S. Kraus



03481

e. IS RESIDENCE

YES NO T

19

Hours

INTERVAL RETWEEN ONSET AND DEATH

da

PERFORMED?

YES | NO |

(State)

DATE SIGNED

(State)

12 CITIZEN OF WHAT COUNTRY?

United States

Days

(County)

SIGNATURE

24a. REC'D BY REGISTRAR

24b. REGISTRAR'S

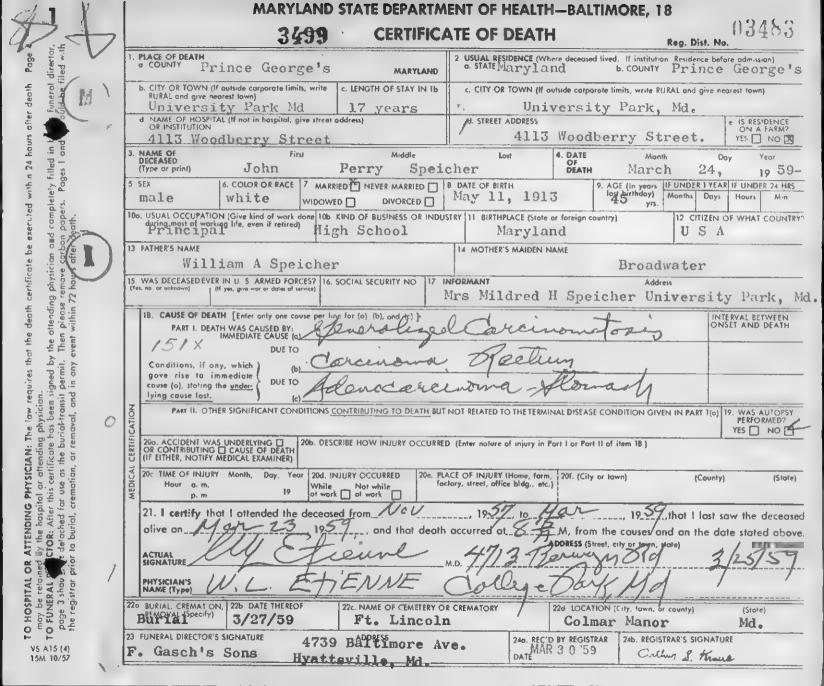
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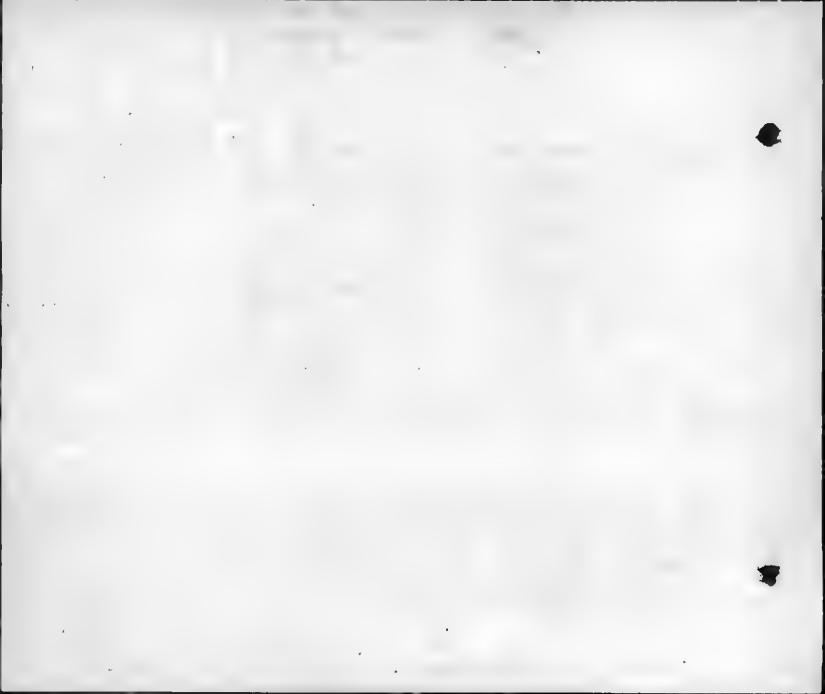
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No. EARTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) COUNTY **b** COUNTY files. Heolth, Pr. Geo. Marvland Prince Georges MARYLAND b. CITY OR TOWN (If outside corporate him-is, write RURAL S.D c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate I mits, write RURAL and give regrest town). ų, Fairmount Heights Fairmount Heights d STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION ( f not in hospital, give street address) e. IS PES DEN 1 ON A FARM? 6110 L. Street 6110 L. Street YES INO A 3. NAME OF First Middle 4. DATE Lost DECEASED (Type or print) William Seldon DEATH March 19 5 SEY 6. COLOR OR RACE 7 MARRIED TO NEVER MARRIED TO B DATE OF BIRTH 9. AGE Ile years FUNDER TYEAR IF UNDER 24 HRS Months Days Hours | Min 6-15-96 Male colored WIDOWED [ DIVORCED [ 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY? puo U.S.A. Trust Co. Virginia Custodian 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Henry Seldon 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT Corceda Seldon: same address as # No 18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) INTERVA, BETWEEN ONSET AND DEATH Acute congestive heart failure PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Cardiovascular renal disease Conditions, if ony, which, gove rise to immediate cause DUE TO (o), stating the underlying couse lost. PART II. OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? Arthritie, hypertension. NO X 20g. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Hem 18) PRIMARY OF CONTRIBUTING O 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 120f (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (Stote) factory, street, office bldg., etc.) Not while of work of work 21. I certify that I took charge of the remains described above, held on Autopsy . Inspection 22. Inquiry 22. opinion death resulted from. Natural causes 📆. Accident 🗍 Suicide . Homicide . Undetermined manner ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER** NAME (Type) John T. M loney. M.D. DEPUTY MEDICAL EXAMINER TY March 31, 220 BURIAL CREMATION, 226 DATE THEREOF 22d LOCATION (City, lown, or county) (State) 0 7 ADDRESS APR 6 59 23 FUNERAL DIRECTOR SUSIGNATURE DATE



## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03483 **CERTIFICATE OF DEATH** Reg. Dist. No. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o COUNTY Prince Secres MARYLAND Prince Scor 35 133 b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) P 6 Hours d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS . IS RESIDENCE OR INSTITUTION Cisa isal at 1 10 1.V YES NO X NAME OF First Middle 4. DATE Lost Manth Day Year DECEASED (Type or print) Geraldine Flemina Shafley March 8 5 DEATH 19 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Days Haura Cand DIVORCED [ June 1 Female WIDOWED [7] 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State at foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Hourson's fe Ilana Pennsylvania 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physicion cort Olive B Houston David D Fleming 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address GECAUE JIM. I attending T Airn. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b) and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)\_ Cerobral Andxia 416 X DUE TO 1:5 Conditions, if any, which Cardiac Arrythmia peub gave rise to immediate **DUE TO** couse (a), stating the under-Rhamatic Moant Disease-Linus in 14 Y . . . and lying couse lost burial-transit PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES THE NO [ 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 20f (City or tawn) 20d. INJURY OCCURRED Doy, Year (County) (Stote) factory, street, office bldg., etc.) Hour o.m. While Not while al work al wark 21 I certify that I attended the deceased from 3 ... rch 1922 that I last saw the deceased and that death accurred at C:45F M, from the causes and an the date stated above. alive an. CTOR ADDRESS (Street, city or town, state) DATE SIGNED <u>م</u> ACTUAL SIGNATURE FUNERAL F CALT USAF NAME (Type) BURIAL CREMATION 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, lawn, or county) (State) EMOVAL (Specify) 9 23 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE DATEMAR 1 1 '59 Orthur S. Thomas VS A15 (4)







1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
TEALTH DEPT.	Reg. Dist. No.
® €.	O STATE DESCRIPTION OF STATE D
2.5	b. CITY OR TOWN (It outs de carporale timus
to to the second	melund 4 years i milwood
a de la companya de l	d NAME OF HOSPITAL OR INSTITUTION (IE not in hospital, give street address)  A STREET ADDRESS  e 15 RES DENCE ON A SARM
ned ned	3. NAME OF First Middle 11 lost 14 DATE Mouth Day Year
refair e Sto	DECEASED (I've or print) OF The DEATH TO THE DESTRICT OF THE D
h the the offer	5. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 18 DATE OF BIRTH 9 AGE (In yours IF UNDER 14 AR IF UNDER 24 H 5.
d 3 mg	Terrety Color WIDOWED   DIVORCED   (Mayerys, 1903) 55 yr. 1000
2. on ge 5 yz h 72 h	100. USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR INDUSTRY 11. BATTHPLACE (Stole or fareign country)  12 CITIZEN OF WHAT COUNTRY?
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	13. FATHER'S NAME
P. M. S.	andrew Stewart En Clark
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address
Signal Si	Henry Slewart, Amme as # 2
m 18 nag v perm nd iv	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) ]  PART 1. DEATH WAS CAUSED BY-
o te	IMMEDIATE CAUSE (6) CONTROL TO THE CAUSE (6)
Pira move	Conditions, if ony, which? (b)
r's C	gove rise to immediate cause  (a), stating the underlying DUE TO
s o k	couse fost. (c)
oending of Exp used of remoti	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6)  PERFORMED?  YES NO
Medical in	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.  200. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port Lot Port II of item 18)
og she y	20c. TIME OF INJURY Month. Day. Year Hour o. m. 19 at work of
Poge Price	21. I certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry . ond in my
S ded T	opinion death resulted from: Notural causes . Accident . Suicide . Homicidé . Undetermined manner
5 5 5 6 5 5 6 5 6	ACTUAL DATE SIGNED
9 0	SIGNATURE MD CHIEF MEDICAL EXAMINER D
desig	EXAMINER'S JAMES 1301 1 DEPUTY MEDICAL EXAMINER & 3 - 2 - 59
N N N N N N N N N N N N N N N N N N N	220. BURIAL CREMATION . 226 DATE INTEREDE TEL NAME OF CEMETERY OR CREMATORY 220 LOCATION (City, town, or county) (Stofe)
5 , 4 5 ,	Burial 7 3.6.59 Mt. Carmel Cemetery Upper Marlboro, Maryland 23 FUNERACIDIRECTOR'S SIGNATURE ADDRESS SIGNATURE
S A15ME 5M 2 57	& CETTAL STATE 1820 - DATEMAR 4 '59 Ciriling S. Kraus
em x 2/	The costs of





VS A1S (4)

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	350	2	CERTIFIC	ATE OF DEATH	1	1	Reg. Dist. No	03486
1,	PLACE OF DEATH O. COUNTY PRINCE GEORGE	15	MARYLAND	2 USUAL RESIDENCE (WHO STATEVIARY)	ere deceased lived nd b	COHNTY		ore admission)
	b CTY OR TOWN (If outside corporate In	mits, write	c. LENGTH OF STAY IN 16	c. city or fown (# o		ils, write RUF	AL and give ne	aresi town)
	6 NAME OF HOSPITAL (If not in hospitol, 6414 Old Landove	r Roa	oddress) d	6414 Did L	andover	Road		ON A FARM? YES NO
3	NAME OF DECEASED An (Type or print)	hie T	. Thomas	Last	4. DATE Mai	ch <sup>Mo</sup> 31	0, 195	Year 19
S	female 6. COLOR OR RACE White	7 MARRI WIDOWE	ED NEVER MARRIED DIVORCED	8. DATE OF BIRTH 11/23/72	9 AGE	1 1 1 1	Months Days	Hours Min.
L	p. USUAL OCCUPATION (Give kind of wor during most of working life, even if retire HOUSEWIIE FATHER'S NAME	k done 10b. (	KIND OF BUSINESS OR INDI	ISTRY 11. BIRTHPLACE (Slove  Baltimor  14 MOTHER'S MAIDEN N	e. Md.		12 CITIZEN O	F WHAT COUNTRY?
	Brian Nolan			Mary Fen				
15	WAS DECEASED EVER IN U.S. ARMED FO		SOCIAL SECURITY NO	informant Irs. Drummon	d sar	Addres	"#2	
CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), storing the underlying couse lost.  PART II OTHER SIGNIFICANT CO.  200 ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER	(b) (c) (c) (c) 20b. DELC	Jack & Le	T NOT RELATED TO THE TERMI	blegia		N IN PART 1(0)	19 WAS AJTOPSY PERFORMED? YES NO
MEDICAL	20c TIME OF INJURY Month, Doy, 1 Hour o.m. p m	White	Not while for	LACE OF INJURY (Home, form octory, street, office bldg., etc.		n)	(County)	(Stote)
	21. I certify that I attended the alive an 3 - 30  ACTUAL SIGNATURE SIGNATURE PHYSICIAN'S GEORGE J.	, 19.5 	9, and that deat	h accurred at 4 ?	M, from the co	ouses and by or lown, st	an the date	w the deceased e stated abave. DATE SIGNED 3 - 30 5 5 Md.
	o. BURIAL, CREMATION, 226 DATE THER	EOF	22c NAME OF CEMETERY OF Linco.	or CREMATORY In Comotery	22d, LOCATION (C		rge, M	(State)
	Funeral director's signature the S.H. Hines Co	mpany	2901 14th Washingtor		1 '59	24b REGIST	RAR'S SIGNATU	RE



VS A15 (4) 15M 9/55

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3503 CERTIFICATE OF DEATH

Reg. Dist. No.

03487

0000	Wall 2131 1401
I. PLACE OF DEATH a. COUNTY MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If intitution: Residence before admission) b. COUNTY
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES \( \) NO \( \)
3. NAME OF DECEASED (Type or print) MID AY CATHER ING.	Lort 4. DATE Month Doy Year OF DEATH 1. A. 4 19 1
5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED WIDOWED DIVORCED	TOUT DIVINGUY   Months   Dave   House   Man
100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	MARYINAN
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 (if yes, give wor or dates of service)	7. INFORMANT 47 1 1 Address (1) A UCH 1611)
IB CAUSE OF DEATH [Enter only one couse per fine for (o), (b), and (c)]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO  Conditions, if any, which gave rise to immediate cause (a), staling the under-lying cause lost.	INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO
200 ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IRRED (Enter nature of injury in Part I or Port It of Item 18.)
20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e While of work 19 of work 19	PLACE OF INJURY (Home, form, 20f (City or town) (County) (State factory, street, office bldg , etc.)
21. I certify that I attended the deceased from olive on 19 , and that de ACTUAL SIGNATURE OF THE ONLY OF THE SIGNATURE OF THE O	ath occurred of ADDRESS (Street, city or town, stote)  ADDRESS (Street, city or town, stote)  ADDRESS (Street, city or town, stote)
PHYSICIAN'S NAME (Type)	and the transfer of the
220 BURIAL, CREMATION, 12th DATE THEREOF 22c NAME OF CEMETER REMOVAL (Specify) 3 - 18-57 HEREOF 11.810	
123 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 4 4 SESSE 4	240. RECID BY REGISTRAR 246. REGISTRAR'S SIGNATURE CARLLY S. Thomas



death.

certificate

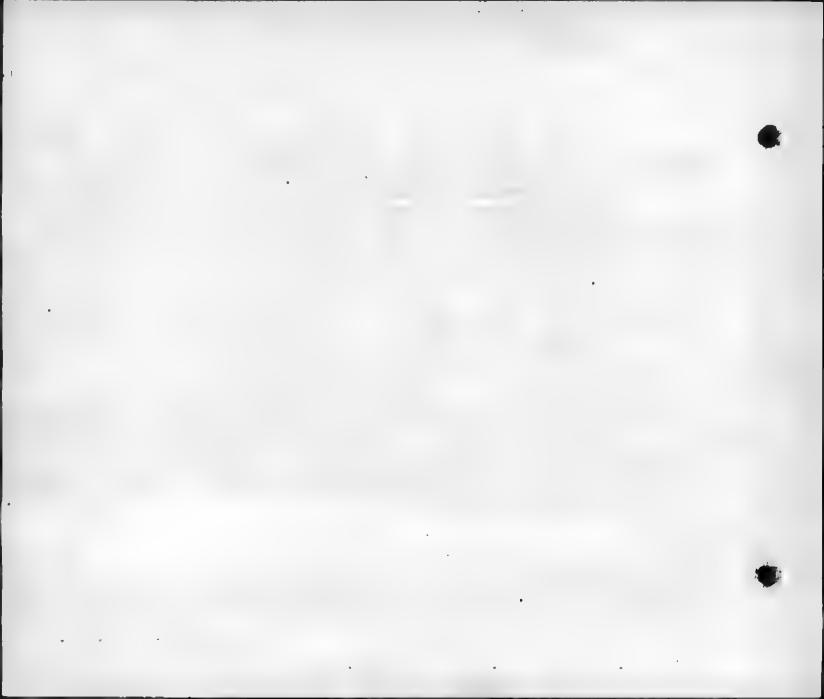


## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3505 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03489

-				The same of the sa					Keg, Dist. N	10.
1 FLAC	E OF DEATH				12.	USUAL RESIDENCE	(Where decease	d lived If institu	ul on Residence b	pefore admission)
0 00	PINUC	rince Ge	orget	S MARYL	AND	o STATE TITE	arylan	4 P COUNT	Y Princ	ce George
b. CIT	Y OR TOWN IT	iuls de corporate limits, wa	* EUPAL	c LENGTH OF STAY II	N 1b	c. CITY OR TOWN	(If outside corpo	rote limits, write	RURAL and give	neorest town)
	Timmor cores	Mar boro			- 11,		er Mar			,
				pital, give street address		STREET ADDRESS		10010		■ IS PUSIDE*- C
1	2007			p	/	3821	Poute	# 761		ON A FARM
3. NAM	3021	Route #		and the second						YES NO
DECE	ASED	Fi	181	Middle	201	Lost	4. DATE OF	Mont		E0.
	or print)	Paul	1=	~ <u>~ </u>		mas Jr.	DEATH	cc		5, 19 59
5. SEX				D NEVER MARRIED				AGE (In year) feet bigthday)	Months Days	R IF UNDER 24 HR'.
7	ale	Colore				March 4	, 1934	25 yrs	Molins Days	HOURS MIR.
10a USt	JAL OCCUPATION	N (Give kind of work life, even if refired)	done 10b. K	IND OF BUSINESS OR IT	VOUSTRY 1	1. BIRTHPLACE (Stot	te or tareign cou	intry)	12. CITIZEN	OF WHAT COUNTRY?
	Labor			Construct	tion	Nort	h Caro	lina	T	T. S. A.
13. FATE	HER'S NAME			THE STREET SHE AND ALL AND A	14,	MOTHER'S MAIDEN	NAME		-	
	Paul	D. Thoma	a			Ammie	Wrigh	t		
15. WAS	S DECEASED EVE	R IN U. S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO	17. INFOR				6th Sti	reet
Y49, 80, 0	no mineway	If yes, give war or dates of	seraice)			Louise	Miller			
100	CALLES OF DEAT	1 [Enter only one co	ma and the f	(a) (b) and (a) 1	L.	HOUT ST.	TTTC	1273	4	
10		WAS CAUSED BY:				7 -11-			ON	TERVAL BETWEEN ISET AND DEATH
	3 7 6 /	MMEDIATE CAUSE (	)	Hemorrhog	re an	a snock				0-25-4. a-0
	1000	DUE TO								
	nditions, if on		)	Crushed s	skull					
	e rise to immedi stoting the vi									
	se lost.	(c	)							
3	PART 11, OTHE	R SIGNIFICANT CON	DITIONS CO	MIRBUTING TO DEATH	BUT NOT R	ELATED TO THE TERM	MINAL DISEASE	CONDITION GIV	EN IN FART 1(0)	19. WAS AUTOPSY
l <u>ĕ</u> l −										PERFORMED?
CERTIFICATION SUBJECTION	EXTERNAL CAUS	E WAS _ 2	DE DESCRIBE	HOW INJURY OCCURR	IED (Enter r	oture of injury in Po	ort I or Part II of	item 181		
E PRIM	MARY 🗗 or CON USE OF DEATH.	TRIBUTING 🔲		Struck on				,		
	TIME OF INJURY	Month, Doy, Ye		NJURY OCCURRED 204				_ ~	(County)	(State)
O C	Hour TOW.	1 - 1	White	Not while	factory, si	real, office bidg., ef	IC. 1		lboro 1	
STATE OF THE PARTY NAMED IN	:2066	3/16/5		rk ot work 💢 💽						
				emains described						
opi	nion death r	esulted fram:	Natural c	auses-Q. Accid	ent 🔲,	Suicide 🔲,	Hamicide [	🛂, Undete	rmined manr	ier 🔲
1		-	, ,)	6 4	A .					
	NATURE	221102	1-71	SC-CK	M.C	CHIEF MEDICAL	EXAMINER 🔲			DATE SIGNED
	1	7	- D	()	1	ASSISTANT MEDI	CAL EXAMINER			
, EXA	ME (Type)	James 1	. HO!	y a		DEPUTY MEDICAL	L EXAMINER 🗍		March	18, 1959
220. BLR	HAL CREMATION	, 226. DATE THERE	OF	22c NAME OF CEMETER	Y OR CREA	IATORY	22d LOCATH	ON (City, town,	or county)	(State)
770	Crial	3-25-5	0	McNair Ce	moto	- 14		inburg		C
	ERAL DIRECTOR'S		<i>y.</i> !	ADDRESS	merel		D BY REGISTRA	R 24b. REGI	STRAR'S SIGNATE	URE
To	ohn T.	Rhines &	Co.	3015 12t	h St	2772	MAR 2 6 '5			
L		7 127 2 7	. —			DATE	man & 0 5	4 7	rothung - 8 - 16	

TO DEPUTY M. ICAL EXMANNER: This mertificate should be escuted within 28 hours after dexecute the certificate, writing the ward "pending" in pendi in Item, 18. Give Pages 1, 2, 4 stands be forwarded to the Chief Medical Examiner's Office along with form PM3. Polyton Films R. M. ECTOR: Page 3 should be used as a buriol-transit permit. File pages 1/0 or its designated agent, prior to buriol, cremation, or removal, and in any event within VS ATSME 534 2/57



VS A15 (4) 15M 9/55

357

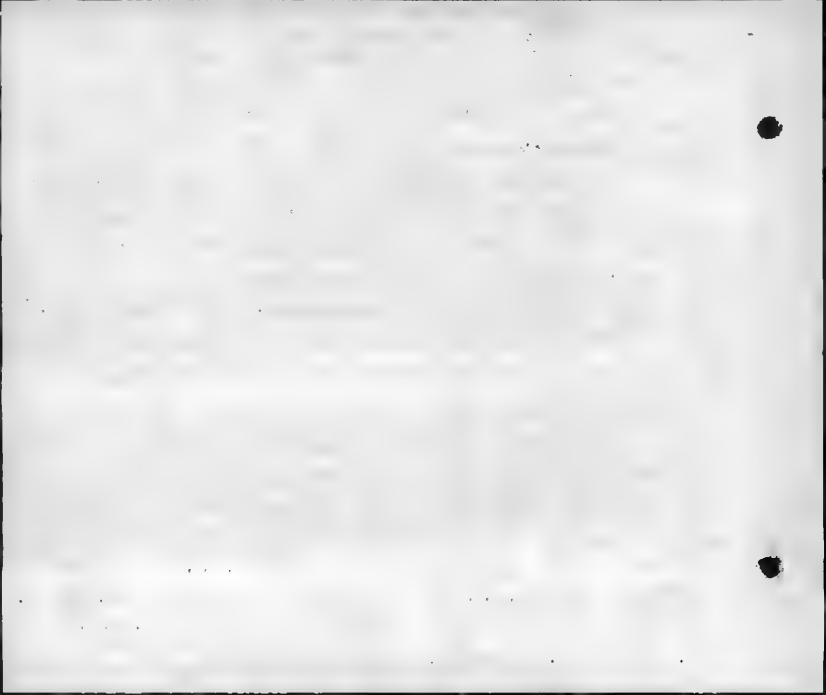
I

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3407 CERTIFICATE OF DEATH

**CERTIFICATE OF DEATH** 

Reg. Dist. No. (13491)

1. PLACE OF DEATH b. COUNTY	Georges Coun	4-sr MARYLAND	o. STATE	DENCE (When		lived. If institut	_		
b. CIT OR TOWN [I	autside corporate limits, write	c. LENGTH OF STAY IN 16				ate limits, write f	Inco Go URAL and give		
RURAL and give ne		36 Years	14 Ca	llege	Dowle				
d. NAME OF HOSPIT	AL (If not in haspital, give stre	et address)	d. STREET A		THI.K.			a. IS RE	SIDENCE
OR INSTITUTION 9439 P	node Island Av	a1011a	94	30 Pho	de Tel	land Ave	****		A FARM?
3. NAME OF	Find	Middle			4. DATE				
DECEASED			Los		OF	Мог		Day	Year
(Type or print)	CAROLINE		TIMM		DEATH	Mar	~~~~	5,	1959.
S. SEX		ARRIED K DECEMBERED	B. DATE OF BIRT			P. AGE (In years last birthday)	Months Do		
Female	White purch	DEDICATE COL	January	14, 1	895	64 yrs		110013	7.00
10a. JSUAL OCCUPATIO	N (Give kind of work done 10 ing life, even if retired)	%. KIND OF BUSINESS OR IND	USTRY 11. BIRTHPI	LACE (State at	r foreign ca	untry)	12. CITIZEN	OF WHA	T COUNTRY?
Housewife		At Home	Long	Islan	d. Nev	York	U.S	. A.	
13. FATHER'S NAME			14. MOTHER'S	MAIDEN NA	ME				
George H	. IsValla		Manage	Reit	7.00				
15. WAS DECEASED EVE	R IN U. S ARMED FORCES?	6. SOCIAL SECURITY NO. 17.	INFORMANT	ILUIG	401	Add	ress		
No. or unknown!	None	None I	anam Mim			9501 Rh	ode Isl	and A	ronue,
			eroy Tim	E(fe) MS( f)	Γ.	College		NTERVAL B	
	TH (Enter only one couse per TH WAS CAUSED BY.				100	9/-		NSET AND	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Contenies selected fearth on I'mo.								
430.0	DUE TO	11	100	1	7 4				
Conditions, if a		Henry	rege	2//1	HIL	inde	3 Prac	15	ye.
gaye rise to it									
lying couse lost.	(c)								
PART II. OTH	ER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BE	IT NOT RELATED JO	THE TERMIN	IAL DISEASE	CONDITION GI	EN IN PART 1(c	19 WAS	AUTOPSY
PART II. OTH	I BIDE	Fine 1	only	The !	1				DRMED?
	S UNDERLYING [] 205. D	ESCRIBE HOW INJURY OCCURE	ED. (Enler noture of	of injury in Po	ort I or Part	II of item 18.)			1
U (IF EITHER, NOTIFY	MEDICAL EXAMINER)		•			·			
20c. TIME OF INJUR			PLACE OF INJURY (			or town)	(Coun	(עוו	(State)
20c. TIME OF INJUR Hour a. m.	19 Wh	ile Not while '	ociory, sireer, diffic	e blog , etc.)					
	af I attended the dece	261-	1047	5, to 2	10	1067	Ohbert I feet	Lamer Alle	door
	ar ranelided life dece	cont.	· ·			19.5	/		
alive on	fir 1)	22-7., and that deal	in occurred at			the causes ( eel, city or town,			
ACTUAL (	* Inn 1	1/4 10			*	· ·			ATE SIGNED
ACTUAL SIGNATURE	IVII	moren	MD.	OHN W	ARREN.	M.D.		3,	/15/59
PHYSICIAN'S	TOTAL TOTAL								
NAME (Type)	JOHN WARREN.	M.D.	3	05 Pri	nge_Ge	orga St	Laure	l. Mar	cyland.
220 BURIALXORDUANO ELITONADISPECIFY) Burial	3/18/1959	Fort Lincoln				on (City, town, r Wanor,			Md.
23. FUNERAL DIRECTOR	S SIGNATURE	ADDRESS		24a. REC'D	BY REGISTR	AR 24b. REGI	STRAR'S SIGNA	TURE	
W. W. CHAN	BERS CO., 1	Riverdale, Mary	land.	DATE MA	R 1 8 '5	9 0	rthun & +	Travel	
							7 407, 7	A Bridge Buss	



#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3416 CERTIFICATE OF DEATH

03491

			Reg. Dist. No.
1. PLACE OF DEATH 0. COUNTY Prince George's MA	2. USUAL RESIDENCE (  o STAFFATY 2	Where deceased lived if institution in the countries of t	n Residence before admiss on rince George's
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)  Hyattsville Md.		If outside corporate limits, write RU tsville, Md.	RAL and give nearest lawn)
d. NAME OF HOSPITAL (if not in haspital, give street address) OR INSTITUTION 4027 Hamilton Street,	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print) MARIE Mid	TINELEY	4. DATE Month OF DEATH MARCO	h 9 1959
female white widowed Divor	RRIED   B DATE OF BIRTH   Feb 5, 19	[	Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Housewife own home	S OR INDUSTRY 11. BIRTHPLACE (SIG		US A
3. FATHER'S NAME	14. MOTHER'S MAIDEN	NAME	
Patrick J. Maloney	Camille N	leyers	
5. WAS DECEASED EVER IN U. S. ARMED FORCES?  [Yes, no. or unknown]   [I] yes, give war or dates of service]	NO. 17. INFORMANT	Addre	235
No none	Egbert F. Ti	ingley Hyattsv	ille, Maryland.
18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which) (b) (C) (ARIAN)	CARCINOM	mAtosis	INTERVAL BETWEEN ONSET AND DEATH
gove rise to immediate couse (a), stoting the under- lying couse lost.  DUE TO  (c)			
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE CONDITION GIVE	N IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO 2
U (IF EITHER, NOTIFY MEDICAL EXAMINER)	OCCURRED (Enter nature of injury	in Part I or Part II of item 18.)	
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED While Not while of work Ol work	20e. PLACE OF INJURY IHome, for foctory, street, office bldg.	rm. 20f (Cily or town)	(County) (State)
21. I certify that I offended the deceased from 1/-	30 1958 to	3-9 1959	,that I last saw the deceas
	at death occurred at 7200	P.M. from the causes ar	nd on the date stated above
SIGNATURE Harry M. Carlyon	п, мр. 940-25	ADDRESS (Street, city or town, st -1854, N.W. Wa	PALAC, 3-9-
PHYSICIAN'S NAME (Type)		**	
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CI	EMETERY OR CREMATORY	22d. LOCATION (City, Iown or	county) (State)
Burial 3/12/59 Rock C	reek Cemetery	Washington D	C.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24n PF	C'D BY PEGISTRAR 245 PEGIST	

240 REC'D BY REGISTRAR

DATE MAR 1 1 '59

24b. REGISTRAR'S SIGNATURE

arilus S. Kinus

Hyattsville Maryland.

F. Gasch's Sons

TO FUNERAL DO VS A15 (4) 15M 10/57



CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2 USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) 6 COUNTY c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) ON A FARM? YES INO I Year March 19 9 AGE [In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Days 800 12 CITIZEN OF WHAT COUNTRY?

> Address Adelphi, Md. Charles E. Rodman-10404 Truxton Rd.

ONSET AND DEATH WAS AUTOPSY

(County)

(State)

PERFORMED?

YES NO

INTERVAL BETWEEN

19.59 that I last saw the deceased and that death accurred at 2'02P.M. from the causes and an the date stated above

22d. LOCATION (City, fown, or county)

(Stole) Md -

arthur & Hours

1SM 9/SB



- 1-			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
OR STA	TED		3463 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 03495
ALTH DI	Err.	1.	LACE OF DEATH  COUNTY Prince George's MARYLAND 2 USUAL RESIDENCE (Where deceased lived If institution, Residence before admission)  STATE New York 6 COUNTY Kings
是到 開	1	ŀ	CITY OR TOWN (If outside corporate himits, write RURAL ond give nearest town)
50	/		Cheverly, Md. Brooklyn N Y
			NAME OF HOSPITAL OR INSTITUTION (If not in hospitat, give street address)  d. STREET ADDRESS  on A FARM
9 .E		=	Prince-Georges General Hospital 2228 Mermaid Avenue, . YES NO X
he Stater deal			NAME OF First Middle Loss A. DATE Month Doy Year OF DEATH March 30 19 59
1 do		5, 9	The state of the s
150		1	le white widowed Divorced Feb 4, 1938 21 yrs works boys hours with
72 h		10o	USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. B.RTHPLACE (State or foreign country)  12 CITIZEN OF WHAT COUNTRY uring most of working life, even if retired)
rithin		13.	Student Union College N Y Brooklyn N. Y. U S A FATHER'S NAME
2			Samuel Wagner Rose Kaufman
The T		15 {Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address no service of delete of service of no Samuel Wagner Brooklyn New York.
J.			18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) ]
a			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral compression
DAG	/		823X DUE TO
E E			Conditions, if any, which agree (b) Intracranial hemorrhage
P. Of			(o), stoting the underlying OUE TO
rematio	0	CATION	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES 1 NO 1
oriol, c		CERTIF	206. EXTERNAL CAUSE WAS PRIMARY Mor CONTRIBUTING [] CAUSE OF DEATH.  20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18)  Passenger in an automobile in collision with a pole.
0		WEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
To.	ψ>	ME!	5.50 pm 19 of work ct work the Highway Lannam 17. Geo. Md.
D.			21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . ond in my
agen			opin on death resulted fram: Natural causes []. Accident []. Suicide []. Homicide []. Undetermined manner []
P			ACTUAL CHIEF MEDICAL EXAMINER TO DATE SIGNED
and:			SIGNATURE M.D. CHIEF MEDICAL EXAMINER (
5	7.		EXAMINER'S /
150		220	BURIAL CREMATION, 12th DATE THEREOE 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) [Stote]
Ď		1	Eurial 4/1/ 7 HEBREW CEM NYCITY
		23.	ADDRESS , 240. REC'D BY REGISTRAR 246 REGISTRAR S SIGNATURE
		1	Lesels one fallsvilled 19 10 19 19 100 2. 1000



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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VS A15 (4) 15M 10/57

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3465 CERTIFICATE OF DEATH

Reg. Dist. No.

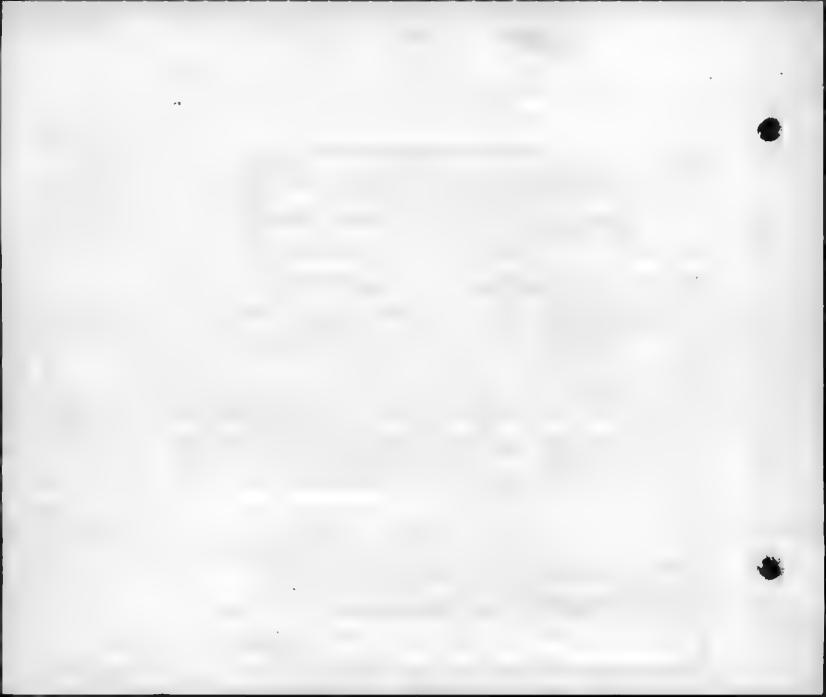
4	}	3	1	4		,
3	1	U	X	V	17,	j

1. PEACE OF DEATH 2 COUNTY		2 USUAL RESIDENCE (W		If institution Residence	a before admission)					
Prince -Georges	MARYLAND	Mary			nce Georges					
	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If		its, write RURAL and g	ive nearest town)					
Chewdrly	16 davs	16 Mt. R.	nier							
d NAME OF HOSPITAL (If not in hospitol, give street of OR INSTITUTION	ddress)	d. STREET ADDRESS		····	e IS RESIDENCE ON A FARM?					
Prince Georges General Ho	spitel	3253 Que	enstown D	r	YES NO NO					
3 NAME OF DECEASED	Middle	Lost	4. DATE OF	Month	Day Yeor					
(Type or print) Mary	Lydia	Webb	DEATH	March 18	19 59					
5. SEX 6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED	8. DATE OF BIRTH	9. AGE		YEAR IF UNDER 24 HRS					
Female White WIDOWE		7/5/86	1057	birthday) Months yrs	Days Haurs Min.					
100 USUAL OCCUPATION (Give kind of work done 106 K during most of working life, even if retired) HOUSEWITE	At home		or foreign country) Virginia		ZEN OF WHAT COUNTRY?					
13 FATHER'S NAME		14 MOTHER'S MAIDEN	NAME	1_0	TIMEST NEWSON					
Preseptor Weod		Mary Bas	lley							
15 WAS DECEASEDEVER IN U. S. ARMED FORCES? 16 5	OCIAL SECURITY NO 17. I	NFORMANT		Address						
No None	None Lo	ola Wayman	Daughter	Addr	SES_SETE					
18 CAUSE OF DEATH [Enter only one cause per line	e.for (o), (b), and (c) ]		0		INTERVAL BETWEEN ONSET AND DEATH					
PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) I SEL - CORL & & ECLEVILLE										
420.0 DUE TO										
Canditions, if any, which )	IR-									
paye rise to immediate		12,00	101							
cause (a), stoting the under. DUE TO	a de la se	eles ties	Uffer -							
lying cause lost. (c)	Z / V P P = C									
PART III. OTHER SIGNAL CANT CONDITIONS CO	ONIXIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE COND	ITTION GIVEN IN PART	PERFORMED?					
3 0 mg 8					YES NO					
PART II. OTHER SIGNLE CANT CONDITIONS CO	RIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I ar Part II of it	em 18.)						
3 20c. TIME OF INJURY Month, Day, Year 20d. IN.	JURY OCCURRED 20e. PL	ACE OF INJURY (Home, for	n. 20f. (City or law)	) (C	ounty) (State)					
Ö Haur a.m. While	Not while fa	ctary, street, office bldg., et	(-)	, (c	outry) (Siore)					
21. I certify That I attended the decease	d from March 2nd	1. 1959 to M	arch 18th	19 59 that I I	nst saw the deceased					
	9_, and that death									
dive di	23-,-, and mar deam	accourse and 5775	ADDRESS (Street, cit		DATE SIGNED					
SIGNATURE TWIN CU. STOSE	neen	MD 310, a	rundo	C	3/18/1959					
PHYSICIAN'S Dr. Grassraen		2	A Kon	un l	- d					
220 BURIAL CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY O	P CREMATORY	224 LOCATION IS	ily, lawn, or county)	(Sar)					
REMOVAL (Sarcify) 8/21/1959	Brethren Chur			Virginia	(State)					
23 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			24b. REGISTRAR'S SIG	NATURE					
W.W. Chambers Company, Rive	ordale, Md.		AR 2 0 '59							
		DATE INT.	W & U 33	Orthug 9	4					



CERTIFICATE OF DEATH Reg. Dist. No. be filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o. COUNTY b. COUNTY -MARYLAND death. b. CITY OR TOWN (If outside corporate limits, write LENGTH OF STAY IN 16 c. CITY OR TOWIN (If outside corporale limits, write RURAL and give nearest town) RUBAL and give nearest town) P TTOQ d. NAME OF HOSPSTAL-(If not in hospital, give street address) d. STREET ADSRESS IS RESIDENCE OR INSTITUTION ON A FARM? YES NO DO 4. DATE OF DEATH NAME OF Middle Day Yeor DECEASED (Type or print) MARCH 30 19 -5 5. SEX 6. COLOR OR RACE 7- MARRIED M NEVER MARRIED 8. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS 9 AGE fin years lelely lost birthday) Months Davs Min. WIDOWED [ DIVORCED [ compl 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) ./BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY! <u>'</u> ond 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANI - Same as above 18. CAUSE OF DEATH [Enter only one cause per line for [a], [b], and [c].] INTERVAL BETWEEN 6 PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) 50 **DUE TO** þ Ë ony Conditions, if ony, which been signed the transit permit al, and in any [b] gove rise to immediate **DUE TO** cause (a), stoting the underlying couse lost. **burial-transit** PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES 📋 NO 🕰 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EYTHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. [Enter nature of injury in Port 1 or Part II of item 18.] 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) 0. ft. While Not while p. m. of work of work . 1957 that Clast saw the deceased 21. I certify that I attended the deceased from 4 and that death occurred at 5 AcM, from the causes and on the date stated above. ő ADDRESS (Street, city or town, stole) SIGNATURE õ NAME (Type) C FUNERA 220. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) page REMOVAL (Specify) FOY 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3466 **CERTIFICATE OF DEATH** filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. COUNTY b. COUNTY MARYLAND death. b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 OR TOWN (If butside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) offer d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS OR INSTITUTION hours NAME OF First Middle DATE DECEASED (Type or print) DEATH abo 6. COLOR OR RACE 7. MARRIED NEVER MARRIED SEX 8. DATE OF BIRTH 9. AGE (In years [ lost birthday] WIDOWED IT DIVORCED T yrs. adod 10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (If yes, give wor or dates of service) 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). Q. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** þ any Canditions, if ony, which signed gove rise to immediate 8,.⊆ **DUE TO** couse (o), stating the underond lying couse lost. (c) CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 17 PEROP 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) Day, Year Hour a. n. factory, street, office bldg., etc.) While Not while 17 at work 🔲 at work 21. I certify that I attended the deceased fram. and that death occurred a 9 ADDRESS (Street, city or town, state) ACTUAL SIGNATURE a PHYSICIAN'S

22c. NAME OF CEMETERY OF CREMATORY

MAR 2 4

**ADDRESS** 

e. IS RESIDENCE ON A FARM? YES NO Day Month Yno 195 IF UNDER 1 YEAR, IF UNDER 24 HRS. Months Days Hours 12. CITIZEN OF WHAT COUNTRY? Address INTERVAL BETWEEN ONSET AND DEATH uear WAS AUTOPSY PERFORMED? YES NO (County) (State) 1922 Tithat I last saw the deceased M, fram the causes and an the date stated above. DATE SIGNED LOCATION (City) town, or county) (State) 24a. REC'D BY REGISTRAR MAR 2 4 59 24b. REGISTRAR'S SIGNATURE arthur & Marie

03497

Reg. Dist. No.

O FUNER 0 9 VS A15 (4) 15M 9/55

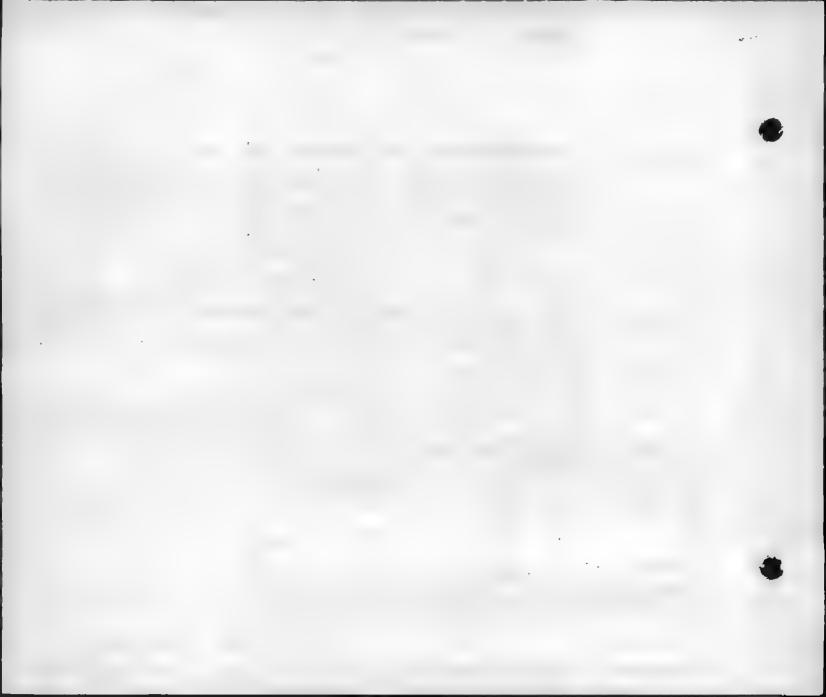
NAME (Type

220. BURIAL CREMATION.

REMOVAL (Specify) 01 61

FUNERAL DIRECTOR'S SIGNATURE

22b. DATE THEREOF



VS A15 (4) 15M 10/57

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rector, d with	0

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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3408

**CERTIFICATE OF DEATH** 

- (	1	2	4	Q	8
- 1	ş	U	+	U	0

					Keg. Dist. No.
	1. PLACE OF DEATH o. COUNTY Prince George's	MARYLAND	2 USUAL RESIDENCE (WI	nere deceased lived If institut b. COUNTY	on Residence before admission) Prince George's
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o		
	College Park, Md.	4 years	Colle	ge Park, Md.	
	d NAME OF HOSPITAL (If not in hospital, give street of INSTITUTION 4801 Usage Street	oddress)	d STREET ADDRESS	c Chroat	e. IS RESIDENCE ON A FARM?
				4	YES NO X
	3 NAME OF First DECEASED (Type or print) Anna	Frances Wi	iggin	OF	
	5. SEX 6 COLOR OR RACE 7 MARRI female white WIDOWE		B DATE OF BIRTH July 16, 18	9 AGE (in years last birthday)	Months Doys Hours Min
	10a. USUAL OCCUPATION (Give kind of work done 10b aduring-most of working life, even if retired)	CIND OF BUSINESS OR INDUS	STRY 11 BIRTHPLACE (State		12 CITIZEN OF WHAT COUNTRY
		wn home			II S A
	13. FATHER'S NAME	1121 120110	14. MOTHER'S MAIDEN N		10 0 11
}	? Aubrec	ht		Unknown	
/	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. 5	OCIAL SECURITY NO. 17	NFORMANT	Add	ress
		none Gla	adys A Wiggi	n College	Park, Md.
	18. CAUSE OF DEATH [Enter only one couse per line	e for (a). (b). and (c).]	7 0 -	0	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	entuce Co	- of Tout	toter.	GIVET AND DEATH
	DUE TO	1 - 0	F. 11	, 1)	
	Conditions, if any, which gove rise to immediate	- ducado	· " 7/-cu-	1 Deser	2
	cause (o), stating the under-				
	lying cause lost.   (c)				
,	LE L	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	VEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO
	200. ACCIDENT WAS UNDERLYING 20b. DESC OR CONTRIBUTING 20b. DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRED	Enter noture of injury in I	Part I or Port II of Hem IB )	
		l faa	ACE OF INJURY (Home, form	20f. (City or town)	(County) (Slote)
	Hour a.m. 19 While at work	Not while of wark	tory, street, office bldg , etc.		
	21. I certify <sub>1</sub> that 1 attended the decease	d fram Li-	19 1 to	3-10 1977	that I last saw the decease
	alive an 10, 121	and that death	accurred at		
		77			
	SIGNATURE		M.D. Tay	College Park, Md.  College Park, Md.  TADDRESS  Lost  4. DATE OF DEATH  March  10, 19 59-  RTH  16, 1882  PAGE [In years   IF UNDER I YEAR   IF UNDER 24 HRS   Months   Day   Hours   Manch   Day   Hours   Day   Hours   Manch   Day   Hours   Hours   Day   Hours   Day   Hours   Hours   Day   Hours   Hours   Day   Hours   Hours   Day   Hours   Day   Hour	
	PHYSICIAN'S AAPIN DEST	z H.D.			
	220 BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OF	R CREMATORY	22d. LOCATION (City Town,	or county) (Stote)
	Entombment 3/13/59	Ft. Lincoln			
	23. FUNERAL DIRECTOR'S SIGNATURE	ADDMS739 Balf	to. Ave . 240. REC'I	D BY REGISTRAR 245. REGI	STRAR'S SIGNATURE
	F. Gasch's Sons Hy	attsville, Mo	I. DAMEST	16'59	1 . 0 4 .



#### **CERTIFICATE OF DEATH** 3467 director, filed with ofter death. Page 1. PLACE OF DEATH o COUNTY a. STATE Prince Georges MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give bearest town) Cheverly Bowie days d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION d. STREET ADDRESS Prince Georges General Hospital Bowie Race Track 5 5 4. DATE Lost DECEASED DEATH (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 5. SEX WIDOWED [ DIVORCED [ Mala Negro 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Can during most of working life, even if retired) gud Treiner Horse racing Michigan 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Wilson Ozella Archie 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give wor or dates of service) 18. CAUSE OF DEATH [Enter only one couse per line-for,(o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which gave rise to immediate **DUE TO** cause (a), stoting the underlying couse last. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERCOPMED? CERTIFICATION 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Part 11 of item 18.) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form. 20f. (City or town) Day. Year factory, street, office bldg., etc.) Hour p. m. While Not while at work at work 19 59 to March 21 19 59hot I last saw the deceased 15 21. I certify that I attended the deceased from March and that death accurred at 8:45A M, from the causes and an the date stated above. STOR: ADDRESS (Street, city or town, state) ACTUAL 012 FUNERAL D PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) Burta MOVAL (Specify) 3-26-59 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRÉSS** MARY 2 BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) Jun M

15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO TY Yeor 19 59 9. AGE (In years last birthday) IF UNDER I YEAR IF UNDER 24 HRS Months Days Hours YES. 12. CITIZEN OF WHAT COUNTRY? United States Address De LTO1 L Mich 14 th. INTERVAL BETWEEN

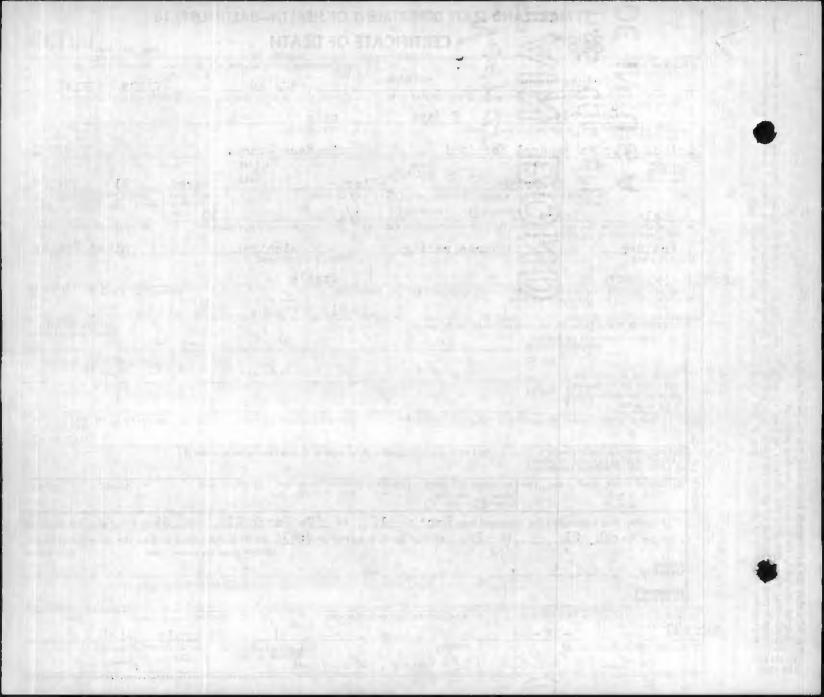
YES IN NO

(State)

DATE SIGNED

(Stote)

(County)



# DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forgranded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL FOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State 8 of Health, are its designated agent, prior to burial, cremation, or removal, and in any yent within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3468MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03500

									meg. pr	211 1451			
PLACE OF DEATH	Prince Geo	rges	MARYLA	11	O. STATE		here deced	d b. COUNT		o Ge		sion)	
	erly	e RURAL	D.O.A.	16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Rogers Heights								
	Georges G		pitol, give street oddress) Hospital		d. STREET AL	DDRESS 3: 56	th A	venue				FARM?	
3. NAME OF DECEASED (Type or print)	Wilfred	st	John Middle	Wil	son tost		4. DATE OF DEATH	March	9	Doy	Ye-	70	
5. SEX Male	6. COLOR OR RACE	7. MARRIE	DIVORCED		9-28-	-09		9. AGE (In years lost birthday) 49 yrs.	IF UNDER		-	R 24 HRS Min.	
during most of working	e life even if retired)		U.S.Govit		-	ce (Stote		country)	12. CITI		A.	OUNTRY	
13. FATHER'S NAME Jules	Wilson			14	Rose	Pai							
15. WAS DECEASED EV	ER IN U. S. ARMED FO	annuine)	5-10-6021	17. INFO		son;	same	address a					
976 X Conditions, it of gave rise to immer (o), stating the couse lost.	diote couse underlying DUE TO	S	lemorrhage at the shotgun wound would be shotgun wound the shotgun would be shotgun to death the shotgun the sh	d of	left a		NAL DISEAS	SE CONDITION GIV	VEN IN PART		PERFOR	UTOPSY MED? NO	
PART II, OTH	USE WAS NTRIBUTING []		HOW INJURY OCCURRE					of item 18.)					
20c. TIME OF INJU		or 20d, I	NJURY OCCURRED 20e.	PLACE C		ome, form	20f. (Cit	monstan,	Pr.		Md	(Stote)	
actual SIGNATURE		May	1	nt 🔲,	Suicide LD. CHIEF ME ASSISTAN	TOICAL EX	domícide	Undete	ermined n	nonner	DATE SIG	in my	
220. BURIAL, CREMATIC REMOVAL (Specify) Crematio	N. 226. DATE THEREC	OF	Tt Lincoln		MATORY			TION (City, town,	ar county)		(State)		
23. FUNERAL DIRECTOR	s signature sch's Sons	Нуа	ADDRESS ttsville Mo	1.			R 1 1 '		strak's sig		L		

VS. ATSME 5M 2/57

